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To help combat mental retardation, 136 recommendations are made for the following: establishment by statute of a division of mental retardation, an advisory council, and a coordinating council of agencies; changes in laws governing the Arizona Children's Colony, additional public school legislation, and a study of civil and criminal law; immediate construction of habilitative residential care centers, service facilities, and personnel training facilities; training of health personnel at all levels of services, teaching, administration, and research; prevention; expansion of the organizations and agencies which have provided services; and expanded research by public and voluntary health organizations. Also provided is a historical background of mental health services and a consideration of other factors relating to the mentally retarded in Arizona. Tables give data on population, waiting lists for services, facilities and services, incidence, number of special classes, prevalence of PKU testing, aid for the disabled, school districts, medical personnel, manpower, and demographic factors; a discussion of metabolic diseases is included. (LE)

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ARIZONA'S COMPREHENSIVE PLAN TO HELP THE MENTALLY RETARDED

Published by the
Mental Retardation Section of the Arizona State Department of Health,
in cooperation with the Governor's Advisory Council on Mental Retardation.

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TABLE OF CONTENTS

Section		Page
I	LETTER TO THE GOVERNOR	1
II	ARIZONA'S COMPREHENSIVE PLAN TO HELP THE MENTALLY RETARDED	6
III	ARIZONA -- PAST AND PRESENT	10
IV	THE TASK OF COMPREHENSIVE PLANNING	15
V	THE RECOMMENDATIONS	19
VI	RECOMMENDED ACTION	43
VII	REFERENCES	45

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Governor's Advisory Council On Mental Retardation
1624 WEST ADAMS STREET
PHOENIX, ARIZONA 85007

December 23, 1965

Honorable Samuel P. Goddard
Governor of Arizona
State Capitol
Phoenix, Arizona 85007

Dear Governor Goddard:

The Council has spent a productive year in examining the present status of the social concern for the mentally retarded in the State of Arizona and in developing a plan of services for this long-neglected group.

We have been impressed with, and we commend, the efforts of the many branches of the State and Federal governments that presently contribute to the habilitation of the retarded. We are filled with admiration for the heroic efforts of the private, voluntary, and parent organizations that for long, lonely years coped almost singlehandedly with what, all of us now recognize, is an urgent and important social problem. Hopefully, a new day is dawning which will lend the strength of our entire society to what, in the past, have been the efforts of a few.

The humanitarian, social, and economic values of finding and aiding the mentally retarded are obvious and generally accepted. A more basic reason for governmental concern, however, should be made explicit. It is not primarily for the benefit of the individuals affected that we aid the mentally retarded, but for the benefit of society. A democratic society and a republican form of government cannot long survive, nor can it prosper, if an appreciable proportion of its citizens are uneducated, unhealthy, vocationally untrained and socially unproductive. It was for this reason that our ancestors established public compulsory schooling, publicly-supported hospitals and other public services. It is in great part for this reason also that we must be concerned with preventing and treating a disability that affects three per cent of our population directly and a much larger proportion indirectly.

In the comprehensive plan, we have made 136 specific recommendations that are necessary and desirable in any comprehensive plan to combat mental retardation in this State. We recognize that limitations of time and talent have not permitted us to consider thoroughly every topic of critical importance relating to mental retardation[1], nor have we tried to spell out all of the technical details that inevitably will be subject to growth and change as more knowledge is acquired about this exceedingly complex problem. We recognize also that the residues of past neglect cannot be corrected overnight, nor can all of the presently perceived needs be met immediately. There are, however, seven major areas in which some immediate action is feasible. To meet the most urgent needs, we recommend the following:

Administration

1. The Council recommends the establishment by statute of a Division of Mental Retardation within the Arizona State Department of Health. This Division should be responsible for providing and coordinating a continuous planning, implementation and evaluation program for retarded persons in Arizona with the exception of those programs which are statutorily administered by the public school system but including the retardates who are resident in the Arizona Children's Colony.

2. The Council recommends the establishment of an Advisory Council on Mental Retardation to be appointed by the Governor and in concert with the Director of the Division of Mental Retardation, to make recommendations to the Commissioner and the State Board of Health.

3. The establishment of a Coordinating Council of Agencies providing health, education, welfare and correction services. The Council cannot over-emphasize the importance of coordinating the activities not only of state agencies and the several interagency committees that are recommended in the body of this report but also of joint planning and action by public and private organizations.

Legislation

1. The Council recommends specific changes in the laws governing the Arizona Children's Colony. These changes are detailed in the main body of the report.

[1] For example, the discussion of The Law and the Mentally Retarded (cf. p. 148) does not cover this topic with the thoroughness that is desirable. Fortunately, there is readily available the detailed reports of the several

Task Forces of the President's Panel on Mental Retardation as well as the comprehensive report of the Panel entitled A Proposed Program for National Action to Combat Mental Retardation, Superintendent of Documents, U.S. Government Printing Office. The Council independently came essentially to the same conclusions as did the President's Panel on Mental Retardation, and we endorse their findings. Where the Council's discussion of a topic is insufficiently explicit, or the intent of the Council is unclear, the related discussion and recommendations of the President's Panel should be consulted for clarification.

2. Additional legislation is necessary to improve the educational provisions for the retarded in the public schools.

3. The Council endorses the recommendations of the Task Force on Law of the President's Panel on Mental Retardation with respect to the desirable provisions in the civil and criminal law to protect the mentally retarded and to facilitate their integration into society. It is recommended that a special committee be appointed to study and make recommendations leading to the integration into the laws of Arizona of newly developing legal concepts which explicitly recognize the rights and dignity of mentally retarded persons.

Facilities

1. The Council recommends the immediate construction of residential care centers (Arizona Children's Colony branches) in the metropolitan areas of the State. The Council assigns the highest priority to this recommendation and believes that its urgency cannot be overstated.

It is the recommendation of the Council that these centers be basically habilitative in character and not custodial. There should be provision for intensive outpatient diagnosis and treatment; for day care including educational, vocational and rehabilitative services; and for short-term, intermediate-term, and long-term inpatient care for the mentally retarded of all ages.

2. Other priorities for the construction of mental retardation service facilities are given in the body of the report.

3. Adequate service cannot be given without a supply of trained manpower applying knowledge gained by research. The Council urges rapid construction of new facilities, associated with Arizona's institutions of higher learning, for the training of personnel and for research in mental retardation. (See also, recommendations for Manpower and for Research)

Manpower

1. The Council, like the President's Panel, assigns highest priority to the need for training manpower. There is a tremendous need for the training of health personnel at all occupational levels for service, teaching, administration and research. The responsibility for meeting this need must be met, in great part, by Arizona's institutions of higher learning. Immediate expansion of programs for training personnel in mental retardation is recommended.

For the long term, in view of the close relationship between manpower needs and mental retardation, and in the field of health generally, the Board of Regents should be urged to explore various organizational patterns which seek to consolidate or coordinate the training programs of the health related professions; as for example, a College of Health Related Professions and an Institute of Health Research in which training of manpower for service in research in mental retardation would be an important component.

2. Greater emphasis should be placed on mental retardation in personnel training programs for health, education and welfare services.

3. Increased in-service training in mental retardation for present personnel in health, education and welfare is recommended.

4. The Council recommends the implementation of a coordinated program of public education leading to understanding and acceptance of the mentally retarded and to appreciation of the career possibilities in this field.

Prevention

1. Prevention of mental retardation is a major objective of the programs of public health, applied social sciences and of medical and paramedical sciences dealing with maternal and child health. Any endeavor that furthers the aims of these agencies and disciplines should be supported. Their efforts should be expanded to reduce the incidence and the effects of retardation.

Services

1. The Council commends the public and private agencies and organizations whose joint efforts have contributed to the provision of services for the retarded. It recommends that the work of these agencies and organizations be supported and expanded.

2. The Council recommends that additional multidisciplinary diagnostic and treatment centers be established.

3. The Council recommends the immediate development of high quality special education classes by school districts individually or in cooperation with adjoining districts to provide an educational opportunity for every retarded child of school age.

4. The Council recommends increased public support and appropriations for the Division of Special Education, the Indian Education Office, the Division of Vocational Rehabilitation, the Department of Public Welfare, the Employment Security Commission, the Arizona Children's Colony and the Department of Health to coordinate, facilitate and increase their present efforts to combat mental retardation.

Research

1. The attention of the Board of Regents should be called to the provisions of P.L. 88-164, Title 1, parts A and B, and later amendments providing for Federal funds for constructing and supporting Centers for Research on Mental Retardation and Related Aspects of Human Development. The Council recommends that application for the development of such Centers be made by the institutions of higher learning.

2. Research on problems of mental retardation by other public and voluntary health organizations is urgently needed and strongly encouraged.

As concerned members of our society, the Advisory Council is honored to submit this report to you.

Respectfully submitted,

Norman J. Jensen

Norman J. Jensen, Chairman
Governor's Advisory Council on
Mental Retardation

ARIZONA'S COMPREHENSIVE PLAN TO HELP THE MENTALLY RETARDED

PREAMBLE

In 1964 the Advisory Council on Mental Retardation was appointed by the Governor of Arizona and given the responsibility of developing a Comprehensive Plan of Services for the Mentally Retarded in Arizona.

The Advisory Council initiated a program of planning, by sharing the citizens' concern that no person would be denied his rightful opportunity to develop his capabilities to the fullest extent. In October of 1963, President John F. Kennedy stated, "...we can say with some assurance that although children may be the victims of fate, they will not be the victims of our neglect..." (5)

Mental retardation is a very complex problem. Unlike mental illness it cannot generally be treated medically. The effects of mental retardation can best be reduced and the retardate can usually become a productive citizen when the services in the fields of health, education, welfare and rehabilitation work in close harmony.

Arizona citizens are called upon to take action to open the doors of opportunity for all mentally retarded in the State. The success of this effort will depend on the support of the citizens.

The Advisory Council is firmly convinced that as you read this report concerning Arizona's mentally retarded you will want to help your fellow citizens follow the recommendations as presented in this Comprehensive Plan.

WHAT IS MENTAL RETARDATION?

Mental retardation is a condition which results from a lack of development or injury to the brain; thus, mentally retarded persons have difficulty in learning and adapting to many of the normal demands of life, or as stated by the President's Panel on Mental Retardation, "Mental retardation is impairment in adaptive behavior in conjunction with intellectual deficit." (10)

There are many causes, types and levels of retardation. Much is yet to be learned insofar as causes are concerned. Types and levels of retardation, on the other hand, have been more clearly identified. Most professional people accept the division of the retarded population into five distinct groups. These are as follows: The profoundly retarded; the severely retarded; the moderately retarded; the mildly retarded; and the borderline retarded. It is important to recognize that the mildly and borderline retarded groups account for almost 89% of the total number of the mentally retarded. (8)

Causes of mild and borderline levels of retardation are more difficult to identify than are the causes for the more severe and profound levels of retardation. Recent research leads us to believe that many cases of retardation could be avoided if adequate nourishment and environmental stimulation are present in the home and the community. Every citizen should therefore be concerned about the importance of appropriate home and community conditions, and take steps to provide opportunities for all children to develop normally.

Recent studies show increasing promise for preventing some of the conditions that cause children to be retarded. For example, it is now known that some children cannot utilize certain common foods. This inability will ultimately produce a toxic or poisonous effect on the functioning of the brain. In such cases special diets can be prescribed by the doctor which, if started early in the child's life, may prevent or correct the retarding effect.

Research has discovered other ways of preventing retardation through surgery, glandular treatment, chromosome studies, etc., but thus far it seems that only a very small percentage of retardates may be helped in this manner.

> "The nation, however, also possesses a substantial reservoir of knowledge and skill in this demanding field. Could all this knowledge be put into effective use immediately, it is estimated that as much as half of all retardation might be prevented and the lives of the remaining victims rendered more productive and fulfilled." (2)

INCIDENCE OF MENTAL RETARDATION

It has been generally estimated that 3% of Arizona's population are mentally retarded (approximately 46,830 individuals). (See Table #1) The known retarded in Arizona are enrolled in a variety of programs throughout the State. These programs include residential care centers, pre-schools for the retarded, post-school and adult activity centers, sheltered workshops, child evaluation centers, rehabilitation centers, special education classes in public schools, and three Public Welfare programs which provide financial support for either, or both, the retarded and his family. Approximately 96 out of every 100 mentally retarded live in the community and apparently do not need long-term institutionalization. (9)

Nearly 17,000 persons in Arizona have been identified as mentally retarded. (See Tables #2 through #12). This means that at least 29,000 mental retardates now living in Arizona have not yet been identified.

The accepted statistical figure of 3% is low in relation to Arizona's school age population. The survey figure of 3.1% elementary and 2.5% secondary did not include the approximately 4,100 students in special classes for the retarded which approximates 1.13% of the 1964-65 school year enrollment. (See Tables #6 and #8.)

The numbers of mental retardates are increasing in approximately the same proportion as the general population. We know more about the number of and location of the mentally retarded today because of increased public awareness, diagnostic services, special classes and other related services. A comparison of the total number of known retardates in the general population today as compared with the population of 20 years ago indicates that there are more retardates surviving during the early years and a greater number reaching old age due to better care and treatment.

Arizona faces a unique problem because of the rapid influx of people who come to Arizona. The development of new services for the retarded has not kept pace with the population increase. The Advisory Council is concerned about the number of retardates who move to Arizona and, because of archaic laws, cannot receive immediate care. Admission to Arizona's only state institution for the mentally retarded requires a three (3) year residence period. Another weakness of the law, "provides admission to the state institution only when a person is under 21 years of age."

What happens to adult retardates who need such services? What these people do in the meantime is an important consideration.

MENTAL RETARDATION IS A SOCIAL PROBLEM

"Mental retardation is a serious personal matter to at least one out of every 12 people." (9) Rarely has society exerted coordinated social action to eliminate the problems that accompany mental retardation.

One hundred ninety-seven (197) adult retardates with a primary diagnosis of mental deficiency are in the Arizona State Hospital without appropriate services. (See Table #7.) The State Hospital is a facility for the mentally ill but adult retardates are placed there by the courts. The law prohibits their placement in our State facility for the mentally retarded. Many adult retardates who have not had rehabilitation opportunities sit idly at home, and cause their parents to be gravely concerned about their future care. (See Table #9.)

We must find and work with all retardates. We must also initiate prevention programs to actively combat future retardation.

A continuum of services must be available to the family to help the child become as self-sufficient as possible. The Legislature has provided a legal framework to permit the establishment of classes for retarded children of school age. Pre-school programs would aid in the prevention of pseudo-retardation due to cultural deprivation. (6) Research supports the concept that society should provide pre-schools especially for retarded children. The high school work experience programs are proving their value in providing effective training and job placement. For those retardates who are beyond school age, vocational rehabilitation, sheltered workshops and manpower development training projects can provide appropriate training and job placement.

We must make sure that every person who needs these services can participate in an appropriate program, whether he lives in a rural or urban community.

If society fails to provide opportunities for the retarded, we will have an institutional problem of staggering proportions. Over 1,000 retarded children are born in Arizona each year. (See Table #14.) Institutionalization of citizens who have not had a chance to be productive will not only waste their talents but be a waste of society's tax dollar. Conservation of our human resources will reduce emotional problems in the home and community.

Each citizen must be concerned and assist society to provide a coordinated program for our mentally retarded.

THE RETARDATE

Mentally retarded persons come from all walks of life. He is a product of family and community. He makes an impact upon society according to his needs, wants, and ability to participate and contribute to his own welfare and to that of others. The retardate is a human individual. He follows the same patterns of growth and development that everyone does, but sometimes at a slower pace. To help the retardate find his identity as a person and fulfillment as a participating citizen is one of the greatest challenges that must be met.

In our planning we must not think so much of doing things for the retardate, as doing things with them. This will insure his importance as an individual and reflect our basic respect for him as a person and a fellow citizen.

In each community there are examples of handicapped citizens who have been helped to lead more productive and meaningful lives. Not only our state, but our nation needs the contributions of its handicapped citizenry.

The efforts of all citizens must be directed towards the advancement of our state and its people which requires that no individual can be ignored even though his contribution be small.

ARIZONA -- PAST AND PRESENT

HISTORICAL BACKGROUND

The development of services for the mentally retarded in Arizona has been a slow process over the last 25 years. As early as 1940 one school district established limited services by hiring a part-time social worker. A public school psychologist was added in 1943, and the service was expanded in 1948 to include special classes. The Arizona Children's Colony Board employed a superintendent in 1947 with the responsibility of developing plans to build and operate a facility for the mentally retarded, which accepted the first children in March of 1952. A private residential school for girls was established in Northern Arizona in 1947. A second residential school, originally planned for pre-school retarded children, opened in 1948. Other school districts began to establish special classes for the retarded at this time and a county-operated program was begun in 1956. The Child Evaluation Center in Phoenix started operation in 1957. In the past, the Legislature has enacted a number of laws relating to the education of mentally retarded students. The First Regular Session, 20th Legislature passed House Bill (HB) 126 in 1951 relating to homebound students. This was amended in 1956 during the Second Regular Session of the 22nd Legislature (HB 161) to authorize two or more school districts, or the county school superintendent, to establish special classes. The First Session of the 25th Legislature passed HB 90 in 1961 which created the Division of Special Education in the State Department of Public Instruction and authorized financial aid for classes of educable mentally retarded students. HB 231, passed in 1962 by the Second Regular Session of the 25th Legislature, defines trainable mentally retarded students and provides financial aid for the special classes.

In 1961, President John F. Kennedy appointed a panel of 27 leading citizens to develop a National Plan to Combat Mental Retardation. The Panel reported to the President in October of 1962, and proposed a Program for National Action to Combat Mental Retardation. The Panel made recommendations for developing the areas of research, manpower, treatment and care, education, preparation for employment, legal protection, and the development of federal, state, and local programs. From these recommendations evolved a legislative program for the Congress of the United States - Public Law 88-156, the Maternal and Child Health and Mental Retardation Planning Amendments of 1963, signed into law by President Kennedy on October 24, 1963. This law gave the states an opportunity to apply for a federal grant for planning purposes to combat mental retardation within their state. Public Law 88-164, the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963, was signed into law by President Kennedy on October 31, 1963.

In a letter to the Secretary of Health, Education and Welfare from Governor Paul Fannin on January 21, 1964 the Arizona State Board of Health was designated as the agency to carry out planning and related activities authorized under Public Laws 88-156 and 88-164. The Planning Program in Arizona officially began June 1, 1964. In July, 1964 Governor Fannin appointed a thirteen-member Advisory Council on Mental Retardation and asked representatives of seven state agencies and two representatives of the Bureau of Indian Affairs to serve as consultants to the Advisory Council. The first meeting of the Governor's Advisory Council on Mental Retardation was held July 28, 1964 in Phoenix.

Governor Fannin, in his charge to the Advisory Council, said,

> "...our task is to establish a statewide planning program that will lead to comprehensive action in combating mental retardation. We must extend services to the mentally retarded that are presently not available to them. I am sure that each of us recognizes that great needs exist in this area and that we are very late in getting started. We must develop a plan for accomplishing these objectives. Our goal should be to prevent retardation wherever possible through approved detection and treatment centers. We must provide for the retarded the same opportunities for functional development that are the birthright of every American citizen. Our goal must be nothing less than for each individual to develop to his capacity to the extent that he may become as nearly as possible a self-sufficient person, rather than remaining a beneficiary because of the lack of opportunities to develop his potentiality. It is a noble venture upon which you are about to embark. As a result of your efforts, I trust that within the next few years we shall no longer have to talk about the lack of programs and trained persons which are available to the mentally retarded and their families..."

The Mental Retardation Planning Program was charged with five main objectives:

(1) To inventory the services and facilities that now exist in the State.
(2) To survey and identify the needs for the mentally retarded in our State.
(3) To carry out a public awareness program that will call to the attention of the general citizenry the needs of the mentally retarded.
(4) The establishment of a state-wide Advisory Council on Mental Retardation to work with the State Department of Health in planning for the mentally retarded.
(5) To develop a Comprehensive Plan to Combat Mental Retardation in Arizona.

In April of 1965, Governor Samuel P. Goddard appointed five additional members to the Advisory Council. The members of the Advisory Council worked throughout the year to prepare this comprehensive plan. Seven committees were established to study and research vital areas relating to mental retardation. These were Facilities, Planning, Manpower, Legislation, Administration, Prevention and Editing. A number of surveys were made and analyzed. The results of earlier relevant research was obtained. (See Appendix #1.)

GEOGRAPHIC, CULTURAL, ECONOMIC AND GOVERNMENTAL FACTORS AFFECTING THE MENTALLY RETARDED

Arizona is a land of contrast. Geographically speaking, it is divided into three distinct areas; the high northern plateau, the central mountain region, and the low southern desert. Each area has its own typical flora and fauna.

Arizona is the sixth largest state in area. It ranks thirty-fifth in population. The 1960 Census showed a 73.7 percent gain over 1950. This was the second highest percentage increase in the nation. It should be recognized that 53 percent of the population lives in Maricopa County, and 22 percent resides in Pima County. The remaining 25 percent are distributed throughout the 12 other counties.

Anticipating Arizona's projected gain to be twice the national rate, the need for building a firm foundation for the expansion of necessary services for the retarded is obvious. (11)

The tax base to support the necessary services for all citizens in general and specific services for the retarded is limited by the lack of taxable land. The Federal Government owns 45% of Arizona's land. The 19 Indian Reservations own or control another 27% of the land. The State owns 13% of the land. This leaves only 15% of the State's total land area for private ownership as a tax base. (See Chart #1.)

STATE GOVERNMENT

The Governor of Arizona is elected for a two year term, as are six other state officials. As the chief executive officer, he provides leadership in developing programs for the mentally retarded. The appointment of citizens to approximately 105 State Boards, Commissions, and Agencies is a part of his responsibilities. (3) Specific agencies, such as Health, Education, Welfare, Rehabilitation, Institutions of Higher Learning, Employment Security, etc., are directly involved in providing services to the retarded.

Much of the success of this Plan will rest in the hands of the Arizona Senate and House of Representatives. They established the Arizona Children's Colony and appropriated funds for special education classes.

It will be your responsibility, as a citizen, to see that the Legislature is made aware of your concern for the retarded and that they enact appropriate laws to provide adequate programs and services.

Other state institutions are involved with the "continuum care" concept being developed for the mentally retarded. The State Hospital, Tuberculosis Sanatorium, School for the Deaf and Blind, Crippled Children's Hospital, Board of Institutions for Juveniles and the Prison must be concerned about their role in rehabilitation. Because so many agencies are concerned with various aspects of the programs for the retarded, it is desirable that cooperative plans be developed to promote economical use of their resources.

If this Comprehensive Plan is effectively implemented, we should see a marked decrease in the incidence of mental retardation. Each agency, public or private in our state, is urged to adopt the philosophical considerations as described under Guidelines for Planning.

Two inherent weaknesses in all agencies apparently are the shortages of qualified manpower and financial resources.

The Advisory Council believes effective utilization and coordination of our total resources will enable the State and the communities to establish, maintain and expand programs for the retarded.

At the present time, no agency is specifically charged with the responsibility of coordinating the services of agencies directly involved in the development of programs for the retarded.

The Advisory Council is convinced that more effective coordination, communication, and cooperation - at both state and community levels - will enhance the expansion of existing programs and the implementation of new programs for the retarded.

SERVICES AVAILABLE TO THE RETARDED

The State of Arizona operates one residential center solely for retardates, the Arizona Children's Colony. In addition, the psychiatrically oriented State Hospital inappropriately houses 197 aged retardates. There are six private residential centers and one non-profit community-owned residential center. (See Tables #2 through #7.) There are nine day-care centers operated by non-profit community agencies or associations.

Evaluation-rehabilitation centers have served approximately 1,049 persons during the past year. Two of these are operated by County Health Departments, two are university-college Rehabilitation Centers, and the other four are non-profit community agencies. (See Table #4.)

The Department of Public Welfare, with offices in all fourteen counties, has three programs serving the retarded. (See Tables #10, #11, and #12.)

The Division of Vocational Rehabilitation, a state-wide service, has four special education units located at Yuma, Tucson, Phoenix and Flagstaff, and will be working with the special education classes of fourteen high school districts this fall.

The public school districts operated 226 classes for 3,572 educable mentally retarded students and 50 classes for 504 trainable mentally retarded students during 1964-65. Of the 239 school districts in the State, only 53 had classes for the retarded. Only 30 of the 53 districts provided psychological services according to the annual "Compilation of Services" by the Division of Special Education. (See Table #13.)

Well Child Clinics are operated by five of the fourteen County Health Departments and are scheduled for fifty locations in these counties. Each county has a Health Department, although some operate with a very limited staff. (See Table #19.)

Seven of the fourteen counties have Associations for Retarded Children, which are affiliated with the State and National Associations for Retarded Children. (See Chart #2.) Some of these associations sponsor pre-schools, activity centers, recreational programs, and public forums.

SPECIAL PROJECTS

A number of grants relating to mental retardation have been awarded to various agencies and associations in the State.

(1) The State Department of Education has traineeships and fellowships for students desiring to teach exceptional

children of all types. Summer traineeships are also available.

(2) The University of Arizona has grants from the Department of Health, Education and Welfare to provide traineeships and fellowships for preparing teachers of the mentally retarded and teachers of other kinds of handicapped children.

(3) A five-year Mental Retardation Stimulation Grant (Department of Health, Education and Welfare) for teacher training at Arizona State University is in its second year.

(4) A Manpower Development Training Grant from the Department of Labor was awarded to the Maricopa County Council for Retarded Children to train and place at least 60 adult retardates.

(5) A Hospital Improvement Grant (National Institute of Mental Health) to the Children's Colony to improve in-service training programs is under consideration.

(6) A Department of Health, Education and Welfare Grant to the Children's Colony to hire a Recreation Director and establish new programs is in operation.

(7) The Joseph P. Kennedy Jr. Foundation awarded a grant to Maricopa County Council for Retarded Children to establish a summer recreation program.

(8) A two-year grant from the U. S. Office of Education was awarded to the Valley of the Sun School, Phoenix, to study and devise ways of establishing changes in behavior of the retarded as they relate to classroom placement.

(9) The original Mental Retardation Planning Grant awarded to the State Department of Health was increased by a supplemental grant to study the feasibility of establishing small residential centers in Arizona.

(10) Continuing grants to the Department of Psychology, Arizona State University, have been received over the last 4 years from the U. S. Vocational Rehabilitation Administration and from the National Institute of Mental Health for training psychologists in rehabilitation, including the rehabilitation of the mentally retarded.

ARIZONA SOURCES OF PROFESSIONAL MANPOWER

Where will the professional people come from who will staff these services that are needed? They will, at least partially, come from the four institutions of higher learning, four junior college districts, seven professional nursing schools, and five practical nursing schools.

OTHER SERVICES

Homemaker services operate in certain communities and often help families with the care of a retarded child. The Visiting Nurse Service performs a similar function in Arizona communities.

THE TASK OF COMPREHENSIVE PLANNING

CHALLENGES TO COMPREHENSIVE PLANNING

There are many challenges to comprehensive planning to combat mental retardation in Arizona. They include, but are not limited to, the unique characteristics of the political, social and economic factors in the State; the development of a coordinated state program; the acceptance of the concept of residential care centers to be built in metropolitan centers; and the problems of large geographic areas with small populations.

PUBLIC INVOLVEMENT

Even though some agencies of our state and local governments are cooperating in promoting and establishing programs for the retarded, we need to involve more of the public in developing quality services that will assist retardates in becoming more self-sufficient. For example, the joint study of the Arizona Children's Colony and the Division of Vocational Rehabilitation to move job-qualified Colony residents into the community where they may be hired by either a private employer or a public agency is a positive step in providing better opportunities for the retarded.

Communities should capitalize on the talents of parents and friends of the retarded as part of their interdisciplinary team working with the retarded.

The findings of the research and demonstration projects need to be made available to all agencies concerned with the retarded.

The public should be more concerned about the necessity of good pre-natal, natal, and post-natal care for mother and the child. This effort will reduce significantly the incidence of mental retardation.

PROGRAM PLANNING IN MENTAL RETARDATION

The planning process involves (1) establishing the organizations for planning; (2) preparing the design for planning; (3) delineating significant areas for planning; (4) securing statistics by age groups and by degrees of impairment in the retarded population; (5) assessing current services, practices, and potential resources; (6) assembling and processing pertinent data; (7) determining future program needs; (8) setting up tangible goals; (9) projecting concrete plans for expediting program improvements and/or changes in line with stated goals; and (10) evaluating the results.

The ultimate goals of a well-rounded program for retarded citizens are to foster mental growth, develop emotional maturity, and in general provide services that will allow each retardate to minimize his disabilities and will maximize his integration into his family, community, state and nation. Every service should be evaluated using these same objectives.

In order to plan effectively, these points must be considered:

1. purpose of the service
2. estimated number of people to be served
3. location
4. program of services to be offered
    (a) who is to be served
    (b) specific responsibilities to the retarded and his family
5. staff -- number and qualifications (training and experience)
6. budget -- (Income and Expenditures)
7. inter-relationships with other services

New specialized community agencies should be established only after it has been determined that existing agencies cannot provide adequate services.

GUIDELINES FOR PLANNING

The degree of civilization of a society or a state may be measured by the concern it has for its less fortunate members. This concept is a philosophical belief of the Advisory Council in stating the needs of Arizona's retarded children and adults. Other philosophical considerations that need to be specified to provide for the general welfare of these citizens are:

1. Mental retardation is a problem of society.
2. Most mentally retarded persons have the same needs and problems as all people, only some mentally retarded persons have need for unique services not normally available in a typical Arizona community.
3. The rights and privileges of citizenship of the mentally retarded must be protected by law.
4. Most retarded children should live at home.
5. To help a child make the most of his basic abilities, a stimulating environment and an ample learning opportunity are essential early in life.
6. Early recognition and reporting of mental retardation in each child, so identified, is essential to provide an appropriate program to offset his handicap.
7. Programming for the retarded should include all age levels.
8. Services for the retarded should be regarded as a part of the health, education, and welfare services that have been established in each community.
9. Programs for the mentally retarded are more successful when all community resources work closely together.
10. Many of the retarded will be able to support themselves and lead near normal lives if appropriate programs have been made available.
11. Most retarded persons have difficulty in learning in the normal competitive classrooms. Special education classes, as part of our school system, are necessary to provide the most suitable learning environment.
12. Some retarded persons are unable to utilize special education classes. Many of these people can learn and will profit from other forms of special training, i.e., sheltered workshops, day care centers, and et cetera.
13. Many children are retarded as a result of malnutrition, poor sanitation, and lack of good health conditions.
14. Many forms of retardation can be prevented.
15. When institutional services are required, they should be located close

to the retardate's family and community. This enables the schools and institutions to serve the individual and his family without severing family ties which are so important to their emotional security.

16. Colleges and universities have untapped leadership potential. They offer a vital resource of professional manpower and have a major responsibility in stimulating and continuing research relating to mental retardation.

CONCEPT OF PLANNING BASED ON COMMUNITY ACTION

Communities are groups of people who have gathered together because they need one another and they have learned that this togetherness provides an essential aspect for human expression, development and survival. The Advisory Council recognizes the absolute importance of the community as the primary agent for carrying out its recommendations in behalf of the mentally retarded. Most of the services that are needed by the mentally retarded can be provided through responsible action by the local community in which they live, even though many of these communities are relatively isolated.

AN IDEAL PROGRAM FOR THE RETARDED

I. Preventive services, for example:

(A) Maternal and child health services, including prenatal care
(B) PKU testing
(C) Well-baby clinics
(D) Other relevant public health measures

II. Community activities, such as:

(A) Recruiting and training manpower; volunteers, aides, teachers, and a variety of professionals.
(B) Case-finding services
(C) Central registry of all known retardates.
(D) Education regarding retardation for both lay and professional people -- starting with high school students
(E) Support of research

III. Services to families of retardates, including:

(A) An information and referral center
(B) Education regarding child development and home management of the retarded
(C) Counseling and psychotherapy
(D) Assistance in planning for their child's future
(E) Financial assistance

IV. Services to homebound retardates of all ages, including when needed:

(A) Nursing care
(B) Home training
(C) Temporary and emergency care (i.e., a homemaker service providing occasional relief for parents)

(D) Residential care

V. Services to pre-school children:

(A) Diagnosis and evaluation, with follow-up to assure that recommended services are available and accessible
(B) Medical management
(C) Initiation of a training program (probably in a voluntary agency setting):

1. Life span care and training for the severely and profoundly handicapped
2. Emphasis on self-care (habit training), socialization, and language stimulation for the mildly and moderately retarded

(D) Foster home care
(E) Residential care, including a short-term unit

VI. Services to school-aged retarded children:

(A) Diagnosis, evaluation, and re-evaluation
(B) Psychological and social services - counseling and psychotherapy
(C) Medical management
(D) Public school special education for the trainable and the educable (Mandatory)
(E) Day care for the severely and profoundly retarded
(F) Recreational activities, including day and residential summer camps
(G) Religious activities
(H) Foster home care
(I) Residential facilities, including a short-term unit

VII. Services to adult retardates, including the aged:

(A) Psychological, social and medical services

1. Evaluation and re-evaluation
2. Counseling and treatment

(B) Habilitation services

1. Sheltered workshop
2. Workshop (vocational evaluation training) with job placement and follow-up; assistance with personal as well as work adjustment

(C) Day care for the profoundly handicapped, and the severely handicapped that fail to respond sufficiently to habilitation services
(D) Cooperative boarding home
(E) Residential care, including nursing homes
(F) Religious, social, and recreational activities
(G) Financial advice and assistance
(H) Legal protection and aid

THE RECOMMENDATIONS

The development of a comprehensive plan is based on an assessment of the current services, practices, and potential resources within the State. Thus, the task becomes that of establishing tangible goals. The recommendations which follow are a projection of the Advisory Council's study of the comprehensive needs of the retarded in Arizona.

ADMINISTRATION

The Advisory Council was charged by the Governor with the responsibility of developing a comprehensive plan that would stimulate action to combat mental retardation. The impact this plan will have on the problems of mental retardation in our state will depend in large measure on the quality of administration. The following recommendations for administration of mental retardation services and programs are based on two important considerations:

1. Arizona, although not a wealthy state, has had and continues to have a dynamic population growth which has resulted in tremendous demands for educational and health services. They must be met from a tax base which has not kept pace with the demands. It is therefore of utmost importance that due economy be considered and duplication of administrative personnel and services be avoided so that the maximum amount of available funds may be expended at the level of the consumer.

2. Because mental retardation affects every aspect of an individual's life, most governmental agencies must become interested and take appropriate action. However, to carry out most effectively the programs envisioned in this plan, the primary responsibility must be assumed by a single agency whose functions and programs encompass the widest spectrum of services required for the retarded.

The Advisory Council, after careful consideration, has agreed that the State Department of Health fulfills these requirements. They therefore make the following recommendations:

1. The Second Regular Session of the 27th Legislature is urged to enact legislation which will establish a Division of Mental Retardation, by statute, within the Arizona State Department of Health effective 1 July 1966 with the responsibility for providing a continuous planning, evaluation and implementation program for all retarded in Arizona, with the exception of those programs which are statutorily administered within the public school system.

2. Additional legislation should be enacted which would transfer the responsibilities of the Board of the Arizona Children's Colony to the Board of the Arizona State Department of Health, effective 1 July 1967.

3. The Second Regular Session, 27th Legislature is urged to enact laws which would enable the current Board of the Arizona Children's Colony to begin immediate construction of residential care centers (Colony

branches) in the metropolitan areas of our state.

4. An Advisory Council on Mental Retardation should be appointed by the Governor. This Advisory Council on Mental Retardation, in concert with the Director of the Division of Mental Retardation, would make recommendations to the Commissioner and the State Board of Health. Membership should include persons informed and active in the field of mental retardation who are representatives of consumers of services, advisory boards of state residential services, other state services, voluntary organizations, and the several professions interested in mental retardation.

The Division of Mental Retardation should be responsible for the following:

1. Planning, development and administration of a complete, comprehensive and integrated state-wide program for the mentally retarded with the exception of those programs which are statutorily administered within the public school system.

2. Administration of the Children's Colony and projected state-supported facilities for the retarded as identified in the Comprehensive Plan.

3. Development of program standards for quality care of the retarded and legislative proposals to enact these standards of care.

4. Establishment of a state-wide grant-in-aid program which would make available to city and county units and to public non-profit agencies funds not to exceed 50% of the operating costs, including staffing, for community-based programs.

5. Coordination of the efforts of the Division with those of other state departments and agencies, municipal governments, and private agencies concerned with and providing services for the mentally retarded.

6. Development of recommendations for legislation leading to comprehensive services and the protection of rights.

7. Establishment of regional offices throughout the State as necessary to develop services with the communities. (See Chart #3)

8. Provision of leadership, support and involvement in research designed to relieve the effects of and prevent retardation.

9. Establishment of a central information center in each county through the county health department or other appropriate agency.

10. Promotion of a vigorous information and public awareness program throughout the State.

11. Promotion of manpower development including the establishment of continuing educational programs and execution of seminars in cooperation with the colleges and universities for professional and non-professional personnel throughout the State.

PREVENTION

The prevention of mental retardation is one of the major objectives of the programs of public health, applied social sciences and of medical and paramedical sciences dealing with maternal and child health. Any endeavor that furthers the aims of these agencies and disciplines will also help in combating mental retardation. The Arizona State Department of Health supports the major objective of preventing mental retardation and encourages the expansion of those programs which will help achieve this goal. The Advisory Council recommends:

HEALTH EDUCATION PROGRAMS

1. Any effort to improve nutritional environmental health will be reflected in improved maternal and child health. Health programs can function only if utilized by the people. Public awareness and acceptance of these programs are essential.

2. Well planned nutrition-oriented school and adult education programs, in cooperation with qualified nutritionists and professional societies, can do much to promote improved maternal and childhood nutritional practices.

3. When sound and accepted medical practice endorses new programs of mass immunization for viral diseases, public awareness and education will be an important part of these programs.

4. An information and referral center needs to be established in each county health department or other appropriate agency.

5. Continuing professional education is a joint responsibility of the medical societies, associations, and health departments.

MATERNAL HEALTH PROGRAMS

6. Improved private maternity care can be promoted by programs of education as outlined above.

7. New concepts of prenatal clinics for low income groups should be studied and implemented. One of the most promising of such concepts is a clinic to identify and intensively treat those maternal complications which result in a high rate of retardation. Such a model clinic has been established in Pinal County. The State Department of Health should actively stimulate the establishment of similar clinics by appropriate local health agencies.

8. The migrant health programs now existing in Maricopa, Pima, Pinal and Yuma Counties, partially supported by U. S. Public Health Service funds, have produced noticeable results. "Families have been helped and some workers restored to productive lives through the efforts of the team."(4) An expansion of these programs, where needed, is recommended.

PEDIATRIC PROGRAMS

9. Prematurity and Low Birth Weight Problems

The greatest opportunity for the prevention of mental retardation associated with prematurity lies in providing meticulous nursing and medical care for immature newborn infants. Arizona, with its few metropolitan centers in an otherwise populated state, can best meet this problem by establishing Prematurity Centers in the large, better equipped hospitals to which immature infants requiring specialized care can be sent. Since the specialized equipment and personnel required for proper premature care is exceptionally expensive, provisions should be considered for subsidization of such Centers to ease the financial burden.

METABOLIC DISEASES

10. The Governor's Advisory Council on Mental Retardation recommends that a joint committee be established by the State Department of Health and a Perinatal Committee of the Arizona State Medical Association for the purpose of developing a comprehensive and reliable screening program for phenylketonuria and other similar metabolic diseases. (See Appendix #2.)

PREVENTION AND THE SCHOOL SYSTEMS

The school systems should be encouraged in their assumption of responsibility directed toward the prevention of mental retardation through additional programming which will:

11. Provide early and continuous cultural enrichment experiences from nursery school through adult education in culturally deprived areas.

12. Provide an early and continuous education in the areas of nutrition, physical health, and the need for medical care.

13. Provide courses in courtship, marriage and family living, and child care at a time that precedes the drop-outs leaving school.

14. Provide an educational approach that intellectually stimulates students from areas that lack intellectual stimulation.

15. Provide early and continuous programs designed to overcome the limitations of various sensory defects.

Such programs, well established and begun early, should aid in preventing the mental deterioration that follows cultural impoverishment, intellectual deprivation, and undetected and untreated sensory defects. (See Services for the Multi-Handicapped Citizens.)

SPECIAL EDUCATION PROGRAMS

The goal of developing the fullest potential of the retardate has frequently been unrealized because of the lack of good educational programs. Educational and training programs within the framework of comprehensive planning for each individual must be the approach.

The purposes and goals of such education must be broadly conceived and must include the means for assisting the retarded individual in terms of his personal, social and economic needs. Formal education agencies such as the school, and informal agencies such as the home and church must be part of the overall concept.

Improvement in educational services for the retarded requires a clear distinction between trainable and educable groups. The trainable or moderately retarded child will need community services for sheltered living. Such services must include sheltered workshops, occupational centers, sheltered employment within the community, residential facilities, and a home environment which can provide the necessary understanding so that the retardate may live as normally as possible.

Interdisciplinary approaches toward solution of the educational problems of the retarded will require new patterns of teacher training and recruitment. A blending of knowledge and interest in the biological, psychological, educational and sociological sciences must precede any truly effective understanding of the problems. The Advisory Council recommends:

1. Appropriate classes should be established for the pseudo-retardates who are currently participating in classes for the mentally retarded. Pseudo-retardates are often children requiring special classes designed to serve those who are either socially maladjusted, emotionally disturbed, environmentally deprived or who are handicapped by undiagnosed organic impairments, such as hearing loss or vision defects. Many of these pseudo-retardates are potentially capable of doing average or better work in regular classes when their emotional problems can be resolved.

2. Wherever possible, neurologically impaired retardates should be provided a suitable and approved program.

3. The development of a State Study Committee appointed by the State Board of Education, composed of legislators and special educators to recommend legislation that will provide more effective special educational programs.

4. The State Department of Public Instruction have a permanent Advisory Committee on Special Education to act as consultants in educational planning.

5. A study be made to determine how a census of retarded children may be facilitated through the State Department of Health, the Division of Vital Statistics, and the State Department of Education to assist in long-range educational planning.

6. The establishment of psychological services in all school districts at the earliest possible moment.

7. The Division of Special Education, Department of Public Instruction:

    (a) Maintain a minimum of one permanent consultant in the area of mental retardation.

    (b) Publish a manual devoted specifically to the subject area of mental retardation and distribute it to every elementary and high school in Arizona.

(c) Establish a state lending resources center including books, films, film strips, and other materials relating to the mentally retarded and their educational requirements.

(d) Conduct in-service training programs for school personnel on a district, bi-district, tri-district, etc., or regional basis.

8. The establishment of qualified foster homes in urban areas for children from rural school districts unable to provide special education classes.
9. The establishment of secondary special education programs and the provision of help for each superintendent in designing a working agreement with the Division of Vocational Rehabilitation.
10. The laws relating to the financing of educational programs to changed to allow the establishment of tax-supported kindergarten and pre-school programs for the retarded child.
11. The permissive school law should be rewritten to read -- "mandatory establishment of classes for the mentally retarded with adequate state aid."
12. Stronger emphasis be given to the request that all children enrolling in a special education undergo a comprehensive evaluation which will help to assure a proper class placement and provide the teacher with a total picture of his social, emotional and physical well being.
13. Individual diagnoses and comprehensive re-evaluation be provided to assure that the child receives a program designed to meet his changing needs.
14. Appropriate classes be established for retarded children in accordance with their needs.
15. If it meets the student's needs, the schools should be encouraged to integrate the retardate with his normal peers.

DIVISION OF VOCATIONAL REHABILITATION

In 1963-64 nearly 10% of the successfully rehabilitated people served by the Vocational Rehabilitation program in Arizona were handicapped by mental retardation. During the past year 40% of the Division of Vocation Rehabilitation's state budget supported mental retardation programs. In the fall of 1965, fourteen high school districts have working agreements with the Division to assist in vocational training and placement of special education students. Another significant activity is the development of training programs for older retardates for whom job training opportunities were not available when they were of high school age. The Division has four special education units throughout the State that are working with retarded youth and adults.

There is a cooperative study between the Division and the Children's Colony that seeks to place job-qualified Colony residents in the communities.

Increased local, state and national concern for the retarded will challenge the Division of Vocational Rehabilitation to maintain their excellent service and meet the needs for expansion.

The primary problem at this time is the lack of suitable adult residential centers for job-qualified retardates. The development of half-way houses, foster home placements, and small group living centers would enable the Division of Vocational Rehabilitation to place more retarded youth and adults in wage earning positions. The Advisory Council recommends:

1. That appropriate laws be enacted to facilitate the placement of job-qualified retardates as tax payers by developing suitable living facilities.

RESIDENTIAL CARE

In planning the development of additional state-supported residential care centers throughout the State, it is recognized that the total needs of the mentally retarded can best be met when residential facilities are located near the families of the retardates served. In the coming years, it is essential that planners consider the development of a number of regional residential care centers located in the areas of population concentration. In general each of the centers would be developed as a focal point of services for the mentally retarded in the communities served by the regional centers, but in no case would they duplicate services already provided by existing agencies. In conjunction with the agencies of the community, the regional center would provide those services required to insure that their mentally retarded have a continuum of care from birth through old age.

In operating residential care centers there must be certain fundamental changes in the philosophy and present procedure of offering residential services. It will be necessary for the centers to have a maximum of flexibility concerning admissions and release of persons requiring residential-type care. Persons of any age should be eligible. Admissions to the centers should be possible on a voluntary basis through an admissions committee under the direction of the institutional head so that those needing services immediately would receive it for whatever period of time necessary without having to go through the lengthy procedure of court commitment. Admissions to a residential center should be based on the concept that between the family and the center a formula of residential care would be worked out which was most beneficial to the retardate.

In addition to residential care, much of the services of the center program would be devoted to providing programs of pre-school, day care, vocational training, and sheltered workshops to the mental retardates who are not in residence at the center but require these services because they are not available to them in the community. The center should also provide short-term care to assist the family during a time of crisis. The physical and personnel resources of the center would be an integral part of community services. The center would also provide consultation, research opportunities, and a training resource for professional people and lay persons interested in working with the mentally retarded. Regional residential centers would work closely with existing agencies, clinical services, and universities and colleges in the development of comprehensive community services. The Advisory Council recommends:

1. That the State provide residential care centers limited in size for the mentally retarded in areas of population concentration, including programs of pre-school, day care, vocational training, sheltered workshops, half-way houses, and rehabilitation services for all ages residing in the community.

2. Admission to state-operated residential care centers should be on a voluntary as well as commitment basis, be flexible, and for such intervals of time as determined by the needs of the mentally retarded person and his family.

3. All state-supported residential care centers should function as a community resource developing programs in cooperation with the community to meet the changing needs of the mentally retarded residing therein.

4. Support for the construction and operation of state residential care centers, both current and projected, should come from a state appropriation which would enable the development of a long-range plan of service including an organizational structure which would enable the establishment of career programs in the field of mental retardation as an integral part of state service.

5. Financial contribution by parents for the care of their retarded child in a state residential center should be based on their ability to pay, with a maximum ceiling placed on the amount of parent contribution and for a maximum of 21 years.

6. Present requirements that a person reside in Arizona three (3) consecutive years as a basis for eligibility for service in state residential care centers should be eliminated or reduced to a maximum of one (1) year. Eligibility for service should be based on the need of the retardate and his family and admission for services should be left to the discretion of the admissions committee, chaired by the head of the facility and under the direction of the Board.

7. Arizona should establish an interstate compact for exchange of services for the mentally retarded within other states throughout the nation. This is particularly important in view of the fact that the great majority of persons living in Arizona have migrated from other states within the last 10 years. (See Table #1a.)

8. State residential care centers should also function as research centers with emphasis on the prevention and amelioration of the problems accompanying mental retardation.

9. Existing and projected state-supported residential care centers should operate in close coordination with all other state agencies which share the responsibility for total programming for the mentally retarded and related handicapping conditions.

DIAGNOSTIC TREATMENT AND COUNSELING CENTERS

The Maricopa County Child Evaluation Center in Phoenix is operated by the Maricopa County Health Department under the leadership of its director. The

Children's Evaluation Center of Southern Arizona is operated by the Pima County Health Department under the leadership of its director. Both centers are supported by mental retardation funds through the Arizona State Department of Health from the Children's Bureau of the Department of Health, Education, and Welfare.

Children through 19 years of age are accepted for study by these Centers and are evaluated medically, psychologically and socially. Consultants are available from other disciplines such as neurology, psychiatry, ophthalmology, physical medicine, audiology, nutrition and dietetics, as needed.

The Maricopa County Child Evaluation Center serves the following counties: Apache, Coconino, Gila, Maricopa, Mohave, Navajo, Yavapai and Yuma. (See Chart #4.) Since services to other counties is a responsibility of the Arizona State Department of Health rather than Maricopa County Health Department, administrative details as to the "traveling clinic", exact location of clinics, and area to be covered by the clinics will be determined by the Arizona State Department of Health, which is also responsible for local arrangements.

The Children's Evaluation Center of Southern Arizona in Tucson provides services for the following counties: Cochise, Graham, Greenlee, Pima, Pinal and Santa Cruz. (See Chart #4.) In counties other than Pima the case finding responsibility should rest in the local health departments, under the supervision of the Maternal and Child Health Section of the Arizona State Department of Health.

The facilities at the University of Arizona in the fields of Special Education, Psychology, Vocational Rehabilitation, Speech and Hearing Pathology, Consultation and Research Services are available. The facilities will be enhanced by including the College of Medicine now being developed. The Advisory Council recommends:

1. That the Maricopa County Health Department or other authorized agency expand the present Child Evaluation Center services, in conjunction with Arizona State University.

2. That ultimately the departmental organization of the centers might include the following: General Diagnostic Clinic, Birth Defects Unit, Psychiatric Unit, Special Education Unit, Speech and Hearing Pathology Unit, Vocational Rehabilitation Services, Group and Genetic Counseling, and a Behavioral Science Laboratory.

3. That there be long-range planning for development of physical facilities for these centers. In Maricopa County the permanent facility should be constructed in the area of the projected Maricopa County General Hospital, or in close proximity of the proposed Children's Colony residential care center.

4. That long-range planning give consideration to the unique opportunities for training professional workers in mental retardation and for special studies and research in mental retardation.

5. That public school representatives, vocational rehabilitation counselors, and public health nutritionists be included when appropriate as part of the multidisciplinary evaluation team.

6. That workshops and counseling services for parents be provided to facilitate their understanding of the retarded child's needs, and to provide information relating to facilities, services and programs.

MANPOWER NEEDS

The challenge to recruitment may well be a broadened outlook on retardation which will attract the creative individual who may now see his career in terms of productive results rather than in an air of hopelessness characterizing much past endeavor.

How may planning relate to the changing of long standing attitudes toward the mentally retarded and their accompanying effects on career choice? The answer may be found within the core of the planning process itself, which is based upon the total development of the individual, mobilization of community awareness and in clearly identifying the needs and roles of all groups related to the development of the individual.

In order that planning may be active and vital, public and professional support is essential. To a large extent the shortages of manpower are a result of limited career information. The phenomenal growth of knowledge of mental retardation has caused exciting breakthroughs in treatment and educational programming. This dynamic career field has unlimited job opportunities with related benefits to both the retarded and our society.

The Advisory Council, like the President's Panel, assigns highest priority to the need for training manpower. There is a tremendous need for the training of health personnel at all occupational levels for service, teaching, administration, and research. The responsibility for meeting this need must be met, in great part, by Arizona's institutions of higher learning. Immediate expansion of programs for training personnel in mental retardation is recommended.

For the long term, in view of the close relationship between manpower needs and mental retardation, and in the field of health generally, the Board of Regents should be urged to explore various organizational patterns which seek to consolidate or coordinate the training programs of the health related professions; as for example, a College of Health Related Professions and an Institute of Health Research in which training of manpower for service in research in mental retardation would be an important component.

PROFESSIONAL PERSONNEL

During the 1964-65 school year, 276 teachers were assigned to classes for the mentally retarded. According to an elementary and secondary survey of educational needs, approximately 585 special education teachers are needed in the State. The three State colleges of education graduated 56 special education teachers in the spring of 1965. This leaves a projected shortage of over 500 special education teachers for Arizona schools. (See Table #24.)

The number of psychologists needed, as reported by principals on the school surveys, was 27 full-time and 90 part time. The Arizona universities graduated 10 psychologists in the spring of 1965. (See Table #24.)

Approximately 200 registered nurses graduated in 1965. (See Table #24.) The need for Public Health nurses, using the ratio of 1 to 5,000 residents, is 116. (See Table #19.)

Half of the counties have a practicing pediatrician in private practice. Only 2 of the 14 counties have psychiatrists in private practice. (See Table #22.) Two Arizona counties do not have any practicing dentists and 5 Arizona counties do not have professional social workers. Licensed midwives practice in 8 counties. (See Table #23.)

Seven of the 14 county health departments operate with extremely limited staff, 3 of which have not had Public Health nurses during the past year. (See Table #19.)

The need is obvious for efficient utilization of personnel resources. The task of recruiting and holding high quality people for the various programs serving the retarded must be a concern of all citizens.

In an attempt to help solve the problem of recruiting, training, and retention of highly qualified personnel, the Advisory Council recommends:

TO THE BOARD OF REGENTS AND THE PRESIDENTS OF THE STATE COLLEGE AND THE UNIVERSITIES, THAT THEY:

1. Support the expansion of the faculties of college and university programs to facilitate the education of sufficient personnel to staff new mental retardation services. These programs include the following:

   (a) The University of Arizona's proposed establishment of a regional Special Education Demonstration Program and Research Center. (See Appendix #3.)

   (b) The five-year Mental Retardation Stimulation Grant for teacher training at Arizona State University.

   (c) Arizona State College's expanding programs in the preparation of special education teachers and rehabilitation counselors.

   (d) The University of Arizona's Dual-Specialist Program with its rural orientation.

   (e) Arizona State University's program for training psychologists in rehabilitation.

   (f) The University of Arizona's program for the training of rehabilitation counselors.

   (g) The provisions of Public Law 88-164, Title 1, Parts A and B, and later amendments providing for federal funds for construction and operation of Centers for Research on Mental Retardation and Related Aspects of Human Development, and Title 3, Section 301 which provides fellowships and traineeships for the Training of Teachers of Handicapped

Children, and Section 302 relating to grants for Research and Demonstration Projects in Education of Handicapped Children.

2. Enrich the professional education of students of medicine, psychology, nursing, education including teachers, counselors and administrators, rehabilitation, public administration, and recreation by adding courses about mental retardation including the services and programs available in Arizona.

3. Urge the various departments preparing students for employment in the mental retardation field to include work experience with the retarded as part of their training program, under the supervision of highly qualified personnel. The resources of the various mental retardation facilities throughout the State could provide excellent opportunities for both the student and the participating agency.

4. Standardize the requirements for the certification of teachers of the mentally retarded (requirements now are 18-30-39 units) as a means of upgrading the quality of teacher training programs.

5. Study the feasibility of establishing small classes (5-10) for teachers in the sparsely populated areas during the academic year to help meet the demand for fully certified teachers.

6. Assist with the establishment of pre-employment training programs for persons desiring to work in institutions for the mentally retarded.

TO THE STATE BOARD OF EDUCATION, THAT THEY:

7. Encourage the establishment of high school Special Education Conferences for interested junior and senior students. This program would provide information about the mentally retarded, direct experiences with exceptional children, and knowledge of career opportunities.

8. Encourage the Division of Special Education of the State Department of Education to expand local, state and federal scholarship programs as part of their in-service training responsibilities.

9. Urge the Manpower Development Training Act Office to assist in the establishment of pre-employment personnel training programs for institutions for the mentally retarded.

10. Urge the schools offering practical nurses training to develop course material which relates to and provides experience with the mentally retarded.

11. Amend the Rules and Regulations for the Certification of Teachers and Administrators for out-of-state applicants to include at least a survey course in the education of exceptional children.

12. Request the high schools to include in their classes in Child Guidance, Human Relations, Careers or other appropriate titles, specific information about the mentally retarded and other exceptional children including the responsibility of society in planning with and for the retarded.

13. Urge the Division of Special Education to prepare a Careers brochure outlining the occupational choices, opportunities and training requirements relating to the broad field of mental retardation.

14. Require teachers of the homebound to hold a Special Education Certificate.

TO THE HOSPITAL NURSING SCHOOLS, THAT THEY:

15. Include work experience with retarded children as part of the nursing curriculum, and provide information about services and facilities for the mentally retarded in Arizona.

TO THE STATE BOARD OF JUNIOR COLLEGES, THAT THEY:

16. Expand the Child Care Program as planned for Arizona Western College and Phoenix College to all units of the Junior College system and include material about the mentally retarded and the services and programs available in Arizona.

TO THE INSTITUTIONS EMPLOYING PUBLIC HEALTH NURSES, THAT THEY:

17. Utilize registered nurses and licensed practical nurses under the supervision of qualified professional personnel, even though this may necessitate changes in typical employment practices. The shortage of qualified public health nurses in Arizona is a tremendous obstacle that retards the promotion of effective public health programs throughout the state. (See Table #19.) The 291 licensed practical nurses and the 1,491 professional nurses, reported as not currently employed (3/65) by the Arizona State Board of Nursing, suggest the need for a study. Some of these people might be interested in part-time positions if they were made available. (See Table #20.)

18. Develop in-service training programs relating to mental retardation for Public Health Nurses.

TO THE ARIZONA MEDICAL SOCIETY, THAT THEY:

19. Cooperate with local Associations for Retarded Children in establishing training programs for GEMS (Good Emergency Mother Substitutes) throughout the State, with emphasis on caring for retarded children. A successful program in certain Arizona communities, GEMS is recognized as an opportunity for qualified teenagers to learn about retarded children and related career opportunities.

TO THE DEPARTMENT OF PUBLIC WELFARE, THAT THEY:

20. Establish training programs for current or potential foster home parents who have or desire to provide temporary or foster homes for the mentally retarded.

TO THE EMPLOYMENT SECURITY COMMISSION, THAT THEY:

21. Provide continuous in-service training for their counselors to acquaint them with the capabilities of the mentally retarded and the types of jobs for which they can be trained.

TO THE ASSOCIATIONS FOR RETARDED CHILDREN, THAT THEY:

22. Cooperate with the Arizona Medical Society in developing the GEMS Training Program to identify teenagers who could be counseled about career opportunities in the field of mental retardation.

23. Increase their scholarship programs wherever possible to assist in the education of qualified personnel for mental retardation services. The efforts to date of the parent groups in providing scholarships are commendable; however, the need is acute.

DEPARTMENT OF PUBLIC WELFARE

The three principal programs which relate to the mentally retarded are:

1. Aid to Dependent Children (See Table #10.)
2. Child Welfare services (See Table #11.)
3. Aid to Permanently and Totally Disabled (See Table #12.)

The basic purposes of these three programs is to provide assistance to people who independently, or through their families, are unable to maintain a reasonable standard of living. The Welfare caseworker is the key person in these programs. If his caseload is of desirable size, he can assist the recipients and their families in rehabilitation as is appropriate to the individual case. Unfortunately, many caseworkers have neither the time nor the resources to adequately engage in this process.

It is to be noted that the County Board of Supervisors are, by law, responsible for all medical care to dependent children including diagnostic and treatment care. The quality and adequacy of medical care for dependent and needy children, including the mentally retarded, varies in degree from county to county depending upon the Supervisors' convictions about the importance of diagnostic and treatment care, the county budget, and the available resources within the county and state to provide the services.

The high relationship between low social economic conditions and the incidence of mental retardation necessitates the appropriation of adequate funds and the employment of sufficiently well-qualified caseworkers who can assist in preventing mental retardation, or at least reduce the effects with better utilization of community programs. Therefore, the Advisory Council recommends to the Department of Public Welfare that they:

1. Provide in-service training for caseworkers which will help them:
   - (a) Identify potentially retarded individuals.
   - (b) Learn skills and methods of helping the mentally retarded client and/or his family.
   - (c) Learn skills and methods of assisting families with a mentally retarded member to accept him as an individual and help him develop to his maximum potential.

2. Make available to the casework staff the current status of community resources for the mentally retarded, including the location of special education classes.

3. Make appropriate use of foster care facilities for the retardates:
    (a) Who need placement in order to attend special education classes.
    (b) Who are ready to leave the Children's Colony for job placement and may need supervised living.
    (c) Who may need temporary living arrangements to attend a rehabilitation or evaluation training program.
    (d) Who need placement to relieve physical and emotional pressures that disrupt family relationships, affect the growth and development of other children in the home, and/or are detrimental to the well being of the retarded child.

4. Assign caseworkers with special qualifications in mental retardation to cases involving mentally retarded adults and children.

5. Coordinate and establish job training programs designed to help the mentally retarded client become more self-sufficient and self-supporting on a continuing basis.

6. Assist in obtaining medical care to prevent retardation whenever possible.

7. Seek resources for consultative psychiatric and psychological services as needed in planning a remedial program for the retarded individual.

8. Seek changes in residential requirements to accommodate the "nomadic nature" of so many American people.

9. Propose legislation as needed to achieve the aforementioned recommendations.

FACILITIES

The construction of facilities to house services that are necessary in combating mental retardation will utilize all available sources of revenue. The Advisory Council recommends:

1. Facilities which will assist in the prevention of retardation should receive high priority. These would include:

    (a) State-supported residential centers located in metropolitan areas with day-care programs can be most effective in helping the retardates become more self-sufficient.

    (b) Nursery and pre-school services throughout the State with particular emphasis in the lower social economic regions which are commonly called high risk areas.

    (c) Half-way houses, sheltered workshops, and small residential centers for adults which can be instrumental in slowing the regression of the adult retardate.

2. The proposed Regional Special Education Demonstration and Research Center of the University of Arizona is important in the development of adequate manpower and should be given priority consideration on both a state and

regional basis.

3. Privately-operated residential centers with high standards of treatment and care are an integral part of the facilities needed for the retarded. These centers catering to families who prefer privately-operated services are encouraged to cooperate with the institutions of higher learning for research and personnel training programs.

4. Facilities which will provide semi-independent living for young adults enrolled in rehabilitation programs are in great demand by the Division of Vocational Rehabilitation.

5. The relocation of the non-psychotic adult retardates in the State Hospital to more appropriate facilities is urgently recommended.

6. The establishment of facilities to provide day-care service for children and adults who, for reason of age or degree of handicap, are not eligible for special education classes and sheltered workshops should be accomplished where needed in the various communities of the state.

7. The development of camping facilities for day and overnight use where community-integrated recreational programs can be established on a year-round basis is encouraged. (See Recreation.)

There may be other facilities which relate directly to the needs of the retarded that may not have been mentioned; therefore, the Advisory Council is not closing the door to other proposals which may help the retarded and their families.

EMPLOYMENT SECURITY COMMISSION

If it is true that 89% of the retarded can, with assistance, acquire job skills and lead productive lives, the State Employment Service offers an important aspect of comprehensive planning. The responsibilities of job promotion, job development, job counseling, placement, and follow-up belong to this department of state government. No less important task is that of coordination with training and rehabilitation services in the various communities of the state to see that the handicapped has a chance to develop job skills.

Equally important is the responsibility of establishing contacts with employers who will appreciate qualified applicants for positions formerly held by workers of a higher intelligence level. The Advisory Council recommends to the Employment Security Commission that they:

1. Conduct a state-wide study of employment opportunities including an assessment of mental abilities needed to fill them.

2. Assist in the establishment of sheltered workshops for those individuals who are not likely to fit into the labor market but are capable of some productive work.

3. Establish orientation programs for their employees which will stress the productivity level of the job applicant over that of the verbal test level.

4. Establish aggressive programs to develop skills among the high percentage of the unemployed who are unemployable because of social deprivation resulting from mental retardation.

COORDINATING COUNCIL OF HEALTH, EDUCATION, WELFARE AND CORRECTION AGENCIES

There is an immediate need for a Coordinating Council of State Agencies providing health, education, welfare and correction services. Such a Council would facilitate communication between the Governor and agency administrators, and among the group of administrators. This would contribute a great deal to assure coordination of services. The Advisory Council recommends:

1. The Governor appoint a Coordinating Council composed of representatives from the health, education, welfare and correction agencies of the state.

This Council should meet regularly with the Governor (or his chief administrative assistant) acting as Chairman. Each state agency should be represented by its administrator, and there should be a salaried full-time staff person to facilitate the Council's action.

RESEARCH

Research on the problems of mental retardation by other public and voluntary health organizations is urgently needed and strongly encouraged. The attention of the Board of Regents should be called to the provisions of Public Law 88-164, Title 1, Parts A and B, and later amendments providing for federal funds for constructing and operating Centers for Research on Mental Retardation and Related Aspects of Human Development. The Advisory Council recommends:

1. That application for the development of such Centers be made by the institutions of higher learning.

SERVICES FOR THE MULTI-HANDICAPPED CITIZEN

A number of special problems are posed by retarded people who are multi-handicapped. Quite often the fields of mental retardation, mental health, deafness, blindness, corrections, general health and rehabilitation overlap. According to the 1964 study of the patient population of psychiatrically-oriented Arizona State Hospital, 197 residents had a primary diagnosis of mental deficiency. (See Table #7.) It is quite conceivable that some of these residents could reside within their local communities if appropriate services were available. Resolving of this problem should be given high priority in the coming year.

Another problem is related to the delinquent youth who is either mentally retarded or functioning on a retarded level because of educational deprivation or emotional disturbance. Residential services for the complete evaluation, treatment, and habilitation of handicapped delinquents should be provided by the state. These services should be located in the larger population centers where appropriate professional services, extremely limited in existing institutions, are available.

The problem of the school age retarded youngster in need of psychiatric care and guidance is of great concern to the Advisory Council. Appropriate professional services are sometimes found in the metropolitan centers, but special facilities should be planned to alleviate these handicapped conditions. The heads of state services are urged to coordinate their planning efforts with the goal of providing comprehensive services for the citizens who have more than one type of handicap, such as retarded-deaf and retarded-blind.

Again, the contributions of voluntary agencies are not to be overlooked because they may be able to provide more immediate services.

RELIGIOUS NURTURE

The mentally retarded can profit from religious training just as the general populace does. Besides helping provide a strong moral foundation for their lives, religious training can be a very fine socializing activity for the mentally retarded child and adult.

In January 1965, a questionnaire was mailed to 440 clergymen throughout Arizona selected on a random basis from telephone directories. Information regarding mental health and mental retardation activities under religious auspices was requested. A total of 143 clergymen from all sections of the state returned questionnaires. This 33% return included 79 religious leaders from Maricopa County, 16 from Pima County, and 48 from the 12 other counties.

Little of the pastoral counseling was specifically concerned with mental retardation problems. In the past year, only 58 families had sought help (from 33 of the reporting clergy) with a problem related to mental retardation. Neither do the churches offer many services (that is, special Sunday School classes) for retardates and, in reply to the questionnaire, relatively little need was expressed for additional services related to mental retardation. Thirty-six clergymen did report a total of 134 retarded children enrolled in their regular Sunday School, and 62 other retardates were identified as needing special classes.

The heavy response of the religious leaders to the "resources would use if available" section on the questionnaire may indicate that efforts should be concentrated on familiarizing clergymen with the basic resources that exist, since they have a real need to make frequent referrals. Most of the services that were checked "would use if available" are available in Maricopa and Pima Counties, at least to a limited extent. However, even the services which are technically available are not readily accessible in the 12 sparsely populated counties which lack metropolitan areas. It is essential that clergymen be provided with adequate information about resources since many parents traditionally turn first to a religious leader for help.

A careful analysis of the implications of these findings is needed. An awareness program geared to the clergy, to Sunday School teachers, and to churches as a whole appears to be appropriate and noteworthy. The Advisory Council recommends cooperative action by the various ministerial associations, the Associations for Retarded Children, and the Mental Retardation Office to:

1. Plan drive-in conferences for religious leaders to further understanding of needs and programs for the retarded.

2. Prepare and distribute current information about community and state resources for the retarded to all religious leaders in the state.

3. Involve religious leaders in mental retardation activities wherever possible.

ARIZONA'S INDIANS

In 1960 Arizona's Indian population was 83,387 according to the annual census. Approximately 65% of this number are located in the three Northeastern counties - Apache, Navajo, and Coconino. They equal nearly 50% of the total population of these three counties. The remaining 30,000 are found in the eleven other counties.

The problem of identifying the mentally retarded in the various Indian tribes is compounded by the unique characteristics of each tribe. Therefore, standard measuring techniques are of limited value when working with most Indian children. Promising research by Arizona State College Rehabilitation Center in developing a measuring instrument is now underway. Current planning called for the establishment in September of special classes on the Navajo Reservation at Teec Nos Pos Boarding School, and two classes at the Whiteriver School on the Fort Apache Reservation. The Advisory Council recommends:

1. Coordinated action by the Bureau of Indian Affairs, the Indian Education Office of the State Department of Education, and related health and welfare agencies to promote more opportunities for the integration and assimilation of the Indians into the total state effort.

RECREATION

Recreation plays a vital role in the daily lives of all people. With increased automation, fewer work hours, and the ever-increasing pressures of modern day living people need to take advantage of their leisure time opportunities.

Recreation can be the key that unlocks the door to self-discovery, to respect for self, to the joy of sharing mutual interests and experiences with others. Recreation crosses barriers of language and cultural differences. It is not confined by space or locality. Recreation is universal.

The mentally retarded can benefit greatly from recreation. The following goals should be kept in mind by those concerned with recreational planning for the retarded.

1. To promote wise use of the leisure time of the handicapped at home and in the community.

2. To assist the handicapped in getting out of their homes and into the social activities of the community.

3. To help develop the physical and emotional potential of these persons to the fullest extent possible through the use of interesting recreational programs.

4. To help the retardate to develop an understanding and appreciation of

good sportsmanship, team, effort, and friendship.

5. to assist as many as possible to achieve independence and vocational potential by providing motivation, confidence, physical coordination, and socialization which are so important for living and working with others in the community.

6. To promote the inclusion of the retarded in the normal on-going recreation programs wherever they can participate successfully.

The development of adequate recreational programs in Arizona is a joint responsibility of many agencies, public and private. The Advisory Council recommends:

1. The STATE PARKS BOARD consider recreational needs of the retarded as part of its state-wide inventory of programs and facilities.

2. The CITY and COUNTY RECREATION DEPARTMENTS conduct in-service programs for recreational personnel and identify specific recreational programs as being planned for the retarded, but not limited necessarily to the retarded.

3. The COLLEGES and UNIVERSITIES develop specific courses geared to the recreational needs of the retarded with emphasis on corrective physical education and music therapy, art therapy, and craft activities that are meaningful.

4. The STATE ASSOCIATIONS concerned with recreation and retarded children establish regional workshops that will foster recreational programs for the retarded and be directed towards acceptance and enlightenment of parents, volunteers, agencies and the public.

5. The development of regional residential camp facilities to provide more recreational opportunities for the retarded who cannot participate in regular programs.

6. More adequate community support to enable a larger number of children to receive recreational opportunities. The 1965 survey of Arizona recreational camps conducted concluded that more camp sites could be made available for retarded children.

7. The agencies and associations concerned with retardation and recreation jointly seek funds to hire a recreational specialist who would assist any agency with the establishment of recreational programs for the retarded.

VOLUNTARY ORGANIZATIONS

In considering the future role of the State and County Associations for Retarded Children, and other volunteer groups, the principal assumption is that programs and services for the mentally retarded will meet with the greatest success when there is a close working relationship and a sharing of responsibility by both lay and professional personnel. Neither group can provide all of the needs without the cooperation of the other. Experience in Arizona has shown the necessity for both strong articulate voluntary associations and high level, competently trained and devoted professional staffs.

Some specific responsibilities the volunteer associations will continue to assume are the following:

1. The continued need to finance expansion of existing programs and services.

2. The upgrading of the quality of existing programs and services.

3. The initiation of pilot demonstrations. Volunteer associations can, in many cases, initiate pilot programs long before governmental agencies can get started.

4. New programs and services require the training of large numbers of new staff members. The volunteer associations can be of invaluable assistance in stimulating young people in high school and college to become volunteers so that they might become acquainted with career opportunities in this field.

5. Increased public education will continue to be a primary responsibility of volunteer associations. New Programs that are needed must be understood by the citizenry -- Phenylketonuria, a day-care center, a Colony residential care center, a sheltered workshop -- the Associations can make these terms meaningful and real to the community. This is a responsibility which requires expansion of their efforts.

6. The Associations must educate their own members and the general public to promote needed new legislation.

7. The Associations can play a leading role in developing programs for the parents of the retarded. A most important aspect of the voluntary association is that of supporting the retardate's parents, particularly the parents of a newly identified retarded child -- by way of friendship, association, and discussion. Parents gain a great deal from one another, and the parent of a newly identified retardate obtains support from learning about the problems and the successes of others. The Governor's Advisory Council recognizes the contributions the voluntary associations can and will make to the programs for the retarded.

STANDARDS FOR RESIDENTIAL CARE

The Standards for State Residential Institutions for the Mentally Retarded,(1) recommended by the American Association on Mental Deficiency, expresses the philosophy, practices and goals which those responsible for residential institutions should strive to achieve and maintain. Compliance with these objectives will help to insure the kind and quality of institutional services needed by the mentally retarded.

The Advisory Council recommends:

1. The adoption of this manual of minimal standards by the Arizona State Department of Health in developing the State Plan for the Construction

of Facilities for the Mentally Retarded.

2. The adoption of this manual of minimal standards by all residential facilities - public and private - providing care for the retarded in Arizona.

CONSTRUCTION OF MENTAL RETARDATION FACILITIES

The Arizona State Department of Health is responsible for the State Plan for Construction of Mental Retardation Facilities pursuant to Public Law 88-164, Title 1, Part C, the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963. This State Plan is the guide for the allocation of federal matching funds for construction purposes.

Arizona Revised Statute 36-1203 provides for the Advisory Survey and Construction Council. Four representatives concerned with mental retardation programs from the following categories -- (a) one from a state agency, (b) one from a non-governmental organization or group, (c) two consumers of services -- are appointed by the Governor to serve on this Council.

The allocation of federal matching funds to construct mental retardation facilities should reflect the following priorities. The Advisory Council recommends:

1. Residential care centers (Children's Colony branches) in the metropolitan areas of the state.
2. Non-profit, private residential facilities.
3. State-supported pre-schools for the retarded not in connection with the Children's Colony expanded services.
4. State-supported sheltered workshops not in connection with the Children's Colony expanded services.
5. Small adult residential centers.
6. Diagnostic and evaluation centers.

STATE DEPARTMENT OF HEALTH

The Department, as the agency to administer the Mental Retardation Planning program and the Mental Retardation Facilities Construction program, has other responsibilities directly related to mental retardation. The staff of the Maternal and Child Health Section provides consultation services throughout the state. Their areas of concern include the programs of migrant health, well child clinics, maternal and infant care projects, fostering good nutritional practices, public health nursing including case finding and follow-up services, school nurse consultations, and the two Child Evaluation Centers. The success of their primary responsibility of helping establish better maternal and child health practices for all mothers and children will relate directly to the incidence of mental retardation.

Other programs of the Department which contribute to the improvement of health conditions throughout the state include Acute Communicable Disease Control, Tuberculosis Control, Accident Prevention, Environmental Health, Health Education including the film library available to the general public, the Laboratory, and Mental Health services. The mobilization of these programs with the related improvement of general health conditions are positive steps towards reducing the incidence and effects of mental retardation. Therefore, the Advisory Council recommends:

1. Utilization of all available resources that will assist in the implementation of this Comprehensive Plan.
2. Expansion of the Health Education Library to include current training and information films, books, and pamphlets relating to mental retardation.

WESTERN INTERSTATE COMMISSION FOR HIGHER EDUCATION

The Western Interstate Commission for Higher Education (WICHE) is authorized to grant medical school enrollees tuition aid when out-of-state college enrollment is necessary in any of the eleven states which are members of the compact. The Staff Development Committee of WICHE provides consultation services to state agencies and universities. Interstate planning has also been fostered by WICHE to explore the possibilities of establishing regional residential treatment centers for severely handicapped children. Such treatment is extremely expensive and requires a specific facility. The Advisory Council recommends:

1. The state should continue to actively support WICHE by providing the necessary funds for adequate interstate programs.
2. All state agencies and universities should utilize the consultation services of WICHE when applicable.

LAW AND LEGISLATION

Arizona Revised Statutes define mental retardation in three different titles. Title 8 relates to the Children's Colony and defines the eligibility requirements. Title 14 relates to the Probate Code and refers to the need for guardianship services. Title 15 relates to education and defines special class requirements. Furthermore, Title 15 makes a distinction between trainable mentally retarded children and educable mentally retarded children. Legislation should be enacted to revise our present laws which will enable the state and its subdivisions to establish comprehensive services for the mentally retarded. The Advisory Council recommends:

1. Adoption of a uniform definition of mental retardation throughout the legal code of the state.
2. Modification of present statutes to enable the state to establish comprehensive residential facilities and provide out-patient services on a fee basis as a function of the residential facility.
3. Modification of present statutes to provide that operational costs of all

state-operated residential care facilities come from a state appropriation.

4. Establishment of a maximum charge to parents based on their ability to pay, for a maximum of 21 years.

5. Revision of the present age limit for admission to state-operated residential care facilities to include mentally retarded persons of all ages.

6. Revision of statutes to enable admission for residential care on a voluntary basis as well as commitment by court order.

7. Reduction of the residence requirements to a maximum of one year as a basis for eligibility for services from state residential care centers, except where reciprocity agreements have been made.

8. Consideration should be given to the waiving of residence requirements for the dependents of military personnel stationed in Arizona.

9. Waiver of residency requirements for short-term emergency admissions (under one month duration).

10. Substitution of the words RETARDED PERSONS wherever the words deficient children now appear in Title 8 relating to the Children's Colony.

11. Enactment of legislation to define the duties of the Arizona Children's Colony Board, effective July 1, 1967 as advisory in nature and transfer the responsibility for the operation of the Children's Colony to the Arizona State Board of Health in conjunction with the recommendations on administration of mental retardation services.

12. Enactment of legislation to implement the recommendations that require changes or modifications of the state's legal code. These recommendations were included in previous sections.

RECOMMENDED ACTION

In this Comprehensive Plan, the Advisory Council urges all Arizona citizens to take further action to open the doors of opportunity for all mentally retarded. It is the Advisory Council's opinion that the key to opening the doors for the mentally retarded will be found in each of these prime recommendations.

1.
    (a) The Second Regular Session of the 27th Legislature is urged to enact legislation which will establish a Division of Mental Retardation, by statute, within the Arizona State Department of Health effective 1 July 1966, with the responsibility for providing for all retarded in Arizona, with the exception of those programs which are statutorily administered within the public school system, but including the retardates who are residents of the Arizona Children's Colony.

    (b) Additional legislation should be enacted which would transfer the responsibilities of the Board of the Arizona Children's Colony to the Arizona State Department of Health, effective 1 July 1967.

2. The Second Regular Session of the 27th Legislature is urged to enact laws which would enable the Board of the Arizona Children's Colony to begin immediate construction of residential care centers (Colony branches) in the metropolitan areas of our state.

3. The adoption of valid preventive techniques by the State and its subdivisions, public and private, will help reduce the incidence of and relieve the effects of mental retardation.

4. The establishment of special education classes by all school districts will provide an educational opportunity for every retarded child of school age.

5. The establishment, by an appropriate agency, of multidisciplinary diagnostic, treatment, and counseling centers designed to serve a county or counties which lack these services.

6. The implementation of a coordinated program of public education and awareness by all agencies, public and private, concerned about the retardate which will:

    (a) Stimulate understanding and acceptance of the retardate.

    (b) Create awareness of career opportunities in the field of mental retardation.

    (c) Encourage a united effort on the part of all citizens to assume their responsibilities toward the retarded.

It is the Advisory Council's desire that this Comprehensive Plan be utilized to strengthen the humanitarian objectives of our democracy,

TODAY FOR TOMORROW

There is some potential for growth in every human being. For each person, society should provide the opportunity to develop to the limits of his capabilities. Public understanding and acceptance of the retardate and his needs will be an on-going responsibility of all citizens.

All efforts in behalf of the retardate will be unending. One should not become discouraged because progress seems so slow, so uncertain. Many years may pass before all of the aspirations we have for the retarded today will be fulfilled.

The submission of this Comprehensive Plan is only the beginning of the larger task of developing services and programs for and with the mentally retarded.

The task of helping local communities is a broad one and involves various governmental agencies and voluntary and professional associations. The organization of medical, educational, social welfare and rehabilitative services lies ahead in most Arizona cities and towns. No less challenging is that of establishing a central point for information and referral in each county and local community to assist the parents in developing a treatment and training program for their retarded child.

The implementation of this Comprehensive Plan is the responsibility of all members of our society. Cooperative efforts by the various governmental agencies, the Governor and the Legislature, professionals, and lay people will put this Comprehensive Plan into action.

REFERENCES

Tables

Page

No. 1 Arizona Population Figures -- Past, Present & Future 46
No. 1-A Nativity of Arizona's Population 46
No. 2 Inventory of Residential Facilities 46
No. 3 Inventory of Day-Care Facilities 47
No. 4 Inventory of Diagnostic & Evaluation Facilities 48
No. 5 Known Waiting List for Mental Retardation Services 49
No. 6 Summary of Special Education 49
No. 7 Arizona State Hospital 49
No. 8 Mentally Retarded Students -- Elementary & Secondary 50
No. 9 Waiting List, age 21 & over, Arizona Children's Colony 51
No. 10 ADC Caseload -- Arizona Dept. of Public Welfare 52
No. 11 Child Welfare Caseloads -- Dept. of Public Welfare 53
No. 12 Aid to Permanently and Totally Disabled 54
No. 13 Psychological Services Available and/or Needed 55
No. 14 Recorded Births in Arizona -- Last Five Years 55
No. 15 Prevalence of PKU Testing 56
No. 16 Elementary School Districts 57
No. 17 Secondary School Districts 58
No. 18 Arizona Public School Districts Organizational Pattern 59
No. 19 State and County Government 60
No. 20 Professional Nurses 61
No. 21 Licensed Practical Nurses 62
No. 22 Medical Personnel by Counties 63
No. 23 Other Health Personnel 64
No. 24 Manpower Statistics 65

Charts

No. 1 Arizona Land Ownership 66
No. 2 County Associations for Retarded Children 66
No. 3 Proposed Regional Centers 67
No. 4 Child Evaluation Centers 67

Appendices

No. 1 Surveys Regarding Mental Retardation 68
No. 2 Metabolic Diseases -- Phenylketonuria (PKU) & Others 69
No. 3 Proposed Regional Special Education Demonstration and Research Center of the University of Arizona 72

Bibliography 73

Table No. 1

ARIZONA POPULATION FIGURES – PAST, PRESENT AND FUTURE

Year	Population Figures	% Increase by Decade	State Population Mentally Retarded Using 3%	Residential Needs Using .1%
1950	749,587		22,487	749
1960	1,302,161	73%	39,058	1,302
1964	*1,561,000		46,830	1,561
1970	*1,948,000	30%	58,440	1,948
1980	*2,640,000	34%	79,200	2,640

*Bureau of Census estimated figures.

Table No. 1-a

NATIVITY OF ARIZONA'S POPULATION

	1940 Census	1950 Census	1960 Census
Native Population	460,568	699,280	1,231,843
Born in Arizona	219,268	291,690	462,241
Born in Other States	239,249	405,155	763,136
Born in U. S. Outlying Area	2,051	2,435	6,466
Foreign Born	38,693	50,307	70,318

Table No. 2

INVENTORY OF RESIDENTIAL FACILITIES, SPRING 1965

Name of Facility		Level of Retardation				Age Grouping		
	Total	Mild	Moderate	Severe	Profound	Pre-School	School Age	Adult
Coolidge								
Arizona Children's Colony	902	124	212	225	341	27	623	252
Cortaro								
Hobby Horse Ranch School	22	5	10	5	2		4	18
Phoenix								
Alexander Home for Girls	18	9	5	4			16	2
Country Playland for Handicapped Children	12		6	6		1	7	4
Shattuck Home	11			10	1	11		
Trautman Home	5	3	1	1			5	
Valley of the Sun School	128	32	22	13	61	24	102	2
Skull Valley								
Skull Valley Ranch School	12		12				4	8
TOTALS:	1,110	173	268	264	405	63	761	286

Table No. 3

INVENTORY OF DAY-CARE FACILITIES, SPRING 1965

Name of Facility		Level of Retardation				Age Groups		
	Total	Mild	Moderate	Severe	Profound	Pre-School	School Age	Adult
Kingman Jolly Day School	3		3			2		1
Phoenix Adult Activity & Training Center	91	63	28				19	72
Arizona Pre-School for Retarded Children	16	8	7	1		16		
Arizona Foundation for the Handicapped (Perry Institute)	180	85	93	2		6	115	59
Mesa MARC School	47	15	30	2		17	30	
Prescott Handicapped Children's Center	10		10				10	
Tucson Beacon Foundation	23	2	20		1	13	10	
Douglas Maryvale School	8		2	4	2		6	2
TOTALS:	378	173	193	9	3	54	190	134

Table No. 4

INVENTORY OF DIAGNOSTIC AND EVALUATION FACILITIES, SPRING 1965

Name of Facility		Level of Retardation				Age Groups		
	Total*	Mild	Moderate	Severe	Profound	Pre-School	School Age	Adult
Phoenix								
Maricopa County Child Evaluation Center	307	148	81	58	18	170	137	
Tucson								
**Child Evaluation Center of Southern Arizona	31	4	5	1	2		12	
These facilities also serve the retarded as part of their total services:								
Flagstaff								
Arizona State College Rehabilitation Center	30	25	5				25	5
Phoenix								
Barrow Neurological Institute	200	1	40	20		41	20	
Samuel Gompers Memorial Center	110	98	12			15	55	40
United Cerebral Palsy Center	76	21	34	19	2	14	52	10
Jane Wayland Child Center	35	30	5			1	34	
Tucson								
University of Arizona Rehabilitation Center	260	212	45	3			220	40
TOTAL:	1,049							

*Number of Individuals served in one year.

**Facility opened January 1965.

Table No. 5

KNOWN WAITING LIST FOR MENTAL RETARDATION SERVICES, SPRING 1965

Type of Service:	
RESIDENTIAL	
Alexander Home	2
Children's Colony	339
Valley of the Sun School	55
Sub-Total	396
DAY CARE	
Arizona Pre-School	15
Beacon Foundation	5
MARC School	15
Sub-Total	35
DIAGNOSTIC	
Barrow Neurological Institute	30
Child Evaluation Center of Southern Arizona	83
Maricopa County Child Evaluation Center	26
Sub-Total	139
TOTAL	570

Table No. 6

NUMBER OF SPECIAL EDUCATION CLASSES AND STUDENTS BY COUNTIES

	EDUCABLE MENTALLY RETARDED						TRAINABLE MENTALLY RETARDED					
	'62 - '63		'63 - '64		'64 - '65		'62 - '63		'63 - '64		'64 - '65	
Counties:	Classes	Students	Classes	Students	Classes	Students	Classes	Students	Classes	Students	Classes	Students
APACHE												
COCHISE	4	54	4	47	7	74						
COCONINO	4	55	5	66	7	88						
GILA					1	15					1	9
GRAHAM	2	30	3	45	4	60						
GREENLEE			1	14	1	15						
MARICOPA	74	954	92	1300	112	1830	9	88	14	112	14	126
Accommodation Schools	7	161[1]	5	125[2]	9	142[3]	11	97[4]	16	150[5]	17	181[6]
MOHAVE												
NAVAJO	2	26	4	55	4	56						
PIMA	58	809	69	884	63	1023	10	104	14	130	14	149
PINAL	2	23	4	48	5	64			1	11	2	19
SANTA CRUZ												
YAVAPAI	6	113	11	128	9	119	1	10	1	8	1	10
YUMA	2	20	1	17	4	48					1	10
Totals:	161	2245	199	2729	226	3572	31	299	46	411	50	504

1 — 7 Students out-of-county.
2 — 7 Students out-of-county.
3 — 16 Students out-of-county.
4 — 5 Students out-of-county.
5 — 6 Students out-of-county.
6 — 11 Students out-of-county.

Table No. 7

ADULT RETARDATES AT ARIZONA STATE HOSPITAL

CURRENT PATIENT POPULATION, MAY 1964, WITH PRIMARY DIAGNOSIS OF MENTAL DEFICIENCY

County	Total	County	Total
Apache	9	Mohave	0
Cochise	14	Navajo	5
Coconino	4	Pima	31
Gila	9	Pinal	19
Graham	12	Santa Cruz	4
Greenlee	5	Yavapai	5
Maricopa	74	Yuma	6

State Total 197

Table No. 8

NUMBER of ARIZONA STUDENTS CLASSIFIED MENTALLY RETARDED by their TEACHERS

Elementary Survey – Spring 1964
Arizona State Department of Health

COUNTIES:	Survey Returns		Number of Students	Per Cent
	Number of Schools	Per Cent		
APACHE	6	75%	274	9.0%
COCHISE	17	81%	214	3.2%
COCONINO	11	79%	64	1.7%
GILA	13	72%	101	3.0%
GRAHAM	4	100%	72	5.6%
GREENLEE	3	100%	65	3.2%
MARICOPA	34	68%	3500*	3.2%
MOHAVE	4	67%	38	3.9%
NAVAJO	11	73%	64	1.9%
PIMA	27	82%	818*	2.3%
PINAL	19	79%	324	4.9%
SANTA CRUZ	6	86%	Not	Significant **
YAVAPAI	11	85%	78	2.7%
YUMA	17	85%	244	3.8%
TOTALS	187	79%	6605	3.1%

Secondary Survey - January 1964
Arizona State Department of Health

COUNTIES:	Survey Returns		Number of Students	Dropouts Due to Mental Retardation
	Number of Schools	Per Cent		
APACHE	3	75%	5	
COCHISE	9	90%	89	6
COCONINO	2	40%	40	
GILA	2	50%	23	3
GRAHAM	3	75%	26	5
GREENLEE	2	67%	29	
MARICOPA	24	80%	698	61
MOHAVE	1	100%	28	4
NAVAJO	3	60%	58	17
PIMA	6	60%	176	13
PINAL	8	90%	295	23
SANTA CRUZ	2	100%	43	
YAVAPAI	4	67%	36	3
YUMA	4	80%	65	
TOTALS	73	75%	1611 = 2.5%	137 = .2%

* Statistically Weighted　　**Limited Returns

Table No. 9

WAITING LIST

AGE 21 AND OVER

ARIZONA CHILDREN'S COLONY

AUGUST, 1964

	Boys	Girls	Total
Apache	2	0	2
Cochise	4	4	8
Coconino	2	3	5
Gila	0	3	3
Graham	0	0	0
Greenlee	0	0	0
Maricopa	41	25	66
Mohave	0	0	0
Navajo	2	0	2
Pima	19	10	29
Pinal	10	3	13
Santa Cruz	2	2	4
Yavapai	2	2	4
Yuma	2	2	4
Total	86	54	140

Table No. 10

ADC CASELOAD
ARIZONA DEPARTMENT OF PUBLIC WELFARE
FAMILY SERVICES DIVISION

County	Mentally Retarded	Emotionally Disturbed	Clinic	Psycho-logist	School	Special Classes	Children's Colony	Other Treat-ment	Case Record	Social Summary	Worker Obser-vation
Apache	9		2	4	1				9		3
Cochise	10	4	6		9	4	1	1	6	2	2
Coconino	5	1			3						6
Gila	16	2	2	4	5		1	5	5	4	13
Graham	3									3	3
Greenlee	48	1	6	3	13				8	7	2
Maricopa	359	106	41	68	204	110	16	57	296	59	57
Mohave											
Navajo	5	2	1	2	1			1	3	4	1
Pima	141	12	6	69	85	75		9	52	21	13
Pinal	5				3	2		1	3	3	3
Santa Cruz	1			1							
Yavapai	6	5	1	2	2	2		1	9	8	6
Yuma	16		6		9			9	2		4
Total	624	133	71	153	335	193	18	84	393	111	113

1963-64 Total number of children – 31,379
families – 9,751

Table No. 11

ARIZONA DEPARTMENT OF PUBLIC WELFARE

Report on Mentally Retarded and Emotionally Disturbed Children in Child Welfare Case Loads 9-30-64

County	Total	No. M. R.	Children E.D.	Diagnosis			Not Diagnosed but Showing Symptoms	Whereabouts				Treatment Planning	
				Clinic	Psychologist or Psychiatrist	School		Own Home	Relatives	Foster Care	Else-Where	Attend'g Special Classes	Pending Admittance to Colony
Cochise	7	3	4	1	2		4	3			4		2
Coconino	15	13	2	3	2	9	1	5		9	1	4	
Gila	4	4			2	1	1	2		1	1		
Graham	8	8			4	2	2	1		7		1	
Maricopa	193	116	77	62	56	33	42	29	12	134	18	36	29
Mohave	10	4	6		4	4	2	4	1	4	1		1
Navajo	11	10	1	2		8	1	4	2	5		5	1
Pima	83	61	22	17	18	38	10	37	6	39	1	41	2
Pinal	14	8	6	10		3	1	3	1	10		3	
Santa Cruz	19	16	3	2		16	1	12	3	4			
Yavapai	15	11	4	6		4	5	5		10		3	6
Yuma	1	1		1						1			
Total	380	255	125	104	88	118	70	105	25	224	26	93	41

*Total caseload 4,041

Table No. 12

AID to the PERMANENTLY and TOTALLY DISABLED

Adult Mental Retardates

Age Group	Total
18 – 25	57
26 – 30	34
31 – 35	33
36 – 40	32
41 – 45	37
46 – 50	43
51 – 55	28
56 – 60	45
61 – 65	29
TOTAL	338

Total by County

Apache	19
Cochise	15
Coconino	13
Gila	9
Graham	8
Greenlee	6
Maricopa	165
Mohave	7
Navajo	19
Pima	78
Pinal	16
Santa Cruz	5
Yavapai	5
Yuma	8
TOTAL	373 *

* - This figure larger than the age group total due to the fact some records failed to show age figure.

Source: Arizona State Department of Public Welfare, August 1964.

Table No. 13

PSYCHOLOGICAL SERVICES AVAILABLE and/or NEEDED

Counties:	Number of School Districts	Districts with MR Classes Providing Psychological Services[1]	Child Evaluation Centers	Guidance Clinics/ Centers	Services for School & Community urged by County Committees[2]	School Psychologists Needed[3] Full Time	Part Time
APACHE	14	0				1	3
COCHISE	24	1		X	X	2	8
COCONINO	7	1			X	1	4
GILA	9	0			X	0	6
GRAHAM	7	0		X	X	1	1
GREENLEE	4	1		X		1	5
MARICOPA	55	16	X	X	X	9	20
MOHAVE	16	0			X	0	3
NAVAJO	18	1		X	X	3	5
PIMA	17	3	X	X	X	4	8
PINAL	21	3			X	2	13
SANTA CRUZ	9	0			X	0	1
YAVAPAI	22	2			X	1	5
YUMA	16	2		X	X	2	8
Totals:	239	30	2	7	12	27	90

1 — Division of Special Education Report 1964-65.
2 — Mental Health County Committees.
3 — Principals' estimated needs, Elementary School Survey, May 1964.

Table No. 14

The RECORDED BIRTHS in ARIZONA for the LAST FIVE YEARS are as follows:

YEAR	NUMBER	INCIDENCE of MENTAL RETARDATION (using 3%)
1964	36,169	1,085
1963	36,986	1,109
1962	37,785	1,133
1961	37,378	1,121
1960	36,655	1,099

Table No. 15

PREVALENCE OF PKU TESTING IN

ARIZONA NON-FEDERAL, DEPARTMENT OF DEFENSE, & INDIAN HEALTH SERVICE HOSPITALS

CONDUCTED JOINTLY BY:

Department of Arizona, American Legion Auxiliary
and the
Arizona State Department of Health, Mental Retardation Section

NON-FEDERAL BY COUNTIES:	NUMBER OF				
	Hospitals	Hospitals Providing Newborn Care	Administering PKU Tests	Testing Procedures Under Study	No Testing
APACHE	3	3	2	1	
COCHISE	7	7	4		3
COCONINO	4	4	3		1
GILA	3	3	2		1
GRAHAM	1	1		1	
GREENLEE	1	1	1		
MARICOPA	27	18	11	2	5
MOHAVE	1	1		1	
NAVAJO	3	3	1	1	1
PIMA	11	5	4		1
PINAL	5	5	3	1	1
SANTA CRUZ	1	1		1	
YAVAPAI	3	2	1		1
YUMA	1	1	1		
TOTALS	71	55	33	8	14
DEPARTMENT OF DEFENSE	7	4	4		
INDIAN HEALTH SERVICE	8	7	3		4

Table No. 16

ELEMENTARY SCHOOL DISTRICTS (6-64)

	Number of Districts in County	Smallest District	Number of Districts of 99 or Less	Number of Districts of 500 or More	Largest District	Average Daily Attendance
Apache	13	10 (Vernon)	5	3	1,133 (Window Rock)	4,770
Cochise	22	6 (El Dorado)	11	5	2,811 (Douglas)	11,137
Coconino	7	34 (Chevelon Butte)	2	3	4,742 (Flagstaff)	7,446
Gila	9	9 (Packard)	4	3	1,924 (Miami)	5,334
Graham	7	34 (Klondyke)	2	1	1,371 (Safford)	2,862
Greenlee	4	5 (Blue)	1	3	1,386 (Morenci)	2,572
Maricopa	49	17 (Mobile)	8	28	15,301 (Scottsdale)	130,496
Mohave	15	8 (Hackberry)	11	1	1,307 (Kingman)	1,900
Navajo	15	11 (Burton)	5	4	1,876 (Winslow)	6,753
Pima	17	27 (San Fernando)	6	6	32,566 (Tucson)	45,810
Pinal	17	49 (Red Rock)	2	8	2,581 (Casa Grande)	12,936
Santa Cruz	8	15 (Lochiel)	5	1	2,091 (Nogales)	2,536
Yavapai	21	8 (Walnut Grove)	13	2	2,440 (Prescott)	4,985
Yuma	13	16 (Bouse)	7	4	5,259 (Yuma)	8,603
Totals	217	5 (Blue)	82	72	32,566 (Tucson)	249,279

Source: State Superintendent's Annual Report (1963-1964)

Table No. 17

SECONDARY SCHOOL DISTRICTS (6–64)

	Number of Districts in County	Smallest District	Number of Districts 99 or Less	Number of Districts 500 or More	Largest District	Average Daily Attendance
Apache	1	498 County Wide District (3 Elementary Districts teaching high school subjects – 670 ADA)				1168
Cochise	10	35 (San Simon)	4	3	936 (Douglas)	3462
Coconino	5	69 (Fredonia)	2	1	1597 (Flagstaff)	2379
Gila	4	141 (Payson)	0	2	743 (Miami)	1862
Graham	4	80 (Ft. Thomas Union)	1	1	499 (Safford)	852
Greenlee	3	187 (Duncan)	0	1	564 (Morenci)	979
Maricopa	15	145 (Gila Bend)	0	10	23,122 (Phoenix Union)	45,851
Mohave	1	649 County Wide District				649
Navajo	6	81 (Monument Valley)	1	2	685 (Winslow)	2018
Pima	6	281 (Marana)	0	4	11,778 (Tucson)	16,024
Pinal	9	80 (Maricopa)	2	3	1024 (Casa Grande Union)	3508
Santa Cruz	2	145 (Patagonia Union)	0	1	600 (Nogales)	696
Yavapai	7	36 (Ash Fork)	3	1	1146 (Prescott)	1885
Yuma	3	140 (Antelope Union)	0	1	2622 (Yuma)	3114
Totals	76	35 (San Simon)	13	30	23,122 (Phoenix Union)	83,533

Source: State Superintendent's Annual Report (1963-1964)

Table No. 18

ARIZONA PUBLIC SCHOOL DISTRICTS ORGANIZATIONAL PATTERN

Counties	Total Number Elementary Districts	Coterminous Boundaries – Elementary and Secondary	Independent Elementary Districts	Total Number Secondary Districts	Independent Secondary Districts	Total Districts
Apache	13	0	13	1	1	14
Cochise	22	8	14	10	2	24
Coconino	7	5	2	5	0	7
Gila	9	4	5	4	0	9
Graham	7	4	3	4	0	7
Greenlee	4	3	1	3	0	4
Maricopa	49	9	40	15	6	55
Mohave	15	0	15	1	1	16
Navajo	15	3	12	6	3	18
Pima	17	6	11	6	0	17
Pinal	17	5	12	9	4	21
Santa Cruz	8	1	7	2	1	9
Yavapai	21	6	15	7	1	22
Yuma	13	0	13	3	3	16
Total	217	54	163	76	22	239

State Superintendent of Public Instruction 6-64

Table No. 19

STATE and COUNTY GOVERNMENT

COUNTIES	– Legislature –		– Number of County Health Department Employees – (1965–66)					
	SENATORS	REPRESENTATIVES	NURSES	SANITARIANS	DIRECTORS	OTHER	TOTAL	NURSES NEEDED
Apache	2	1	1	1	–	1	3	0
Cochise	2	3	6	4	Non-Medical (1)	2½	13½	4 & 1 Supervisor
Coconino	2	2	2	2	1 Medical	2	7	3 & 1 Supervisor
Gila	2	2	1½	1	–	1	3½	1½
Graham	2	1	1	1	–	–	2	1
Greenlee	2	2	–	1	–	–	1	2
Maricopa	2	40	57	46	1 Medical	160	264	59 & 7 Supervisors
Mohave	2	1	–	1	–	–	1	1
Navajo	2	2	1	2	–	–	3	2
Pima	2	17	26	17	1 Medical	36	80	19 & 2 Supervisors
Pinal	2	3	4	3	Non-Medical (1)	4	12	5 & 1 Supervisor
Santa Cruz	2	1	2	1	–	1	4	–
Yavapai	2	3	–	2	–	1	3	4 & 1 Supervisor
Yuma	2	3	8	2	–	3	13	2
Total	28	80	109½	84	5	211½	410	103½ & 13 Supervisors

Table No. 20

PROFESSIONAL NURSES CURRENTLY REGISTERED AND EMPLOYED IN ARIZONA
1964

Field of Employment by County	Grand Total	Total Actively Employed	Hosp. or Inst.	Hosp. & School of Nursing	School of Nursing	Private Duty	Public Health	School Nurse	Occupa-tional	Office Nurse	Other	Field not Reprtd.	Not Employed	Activity Status not Reported
Apache	61	49	36	0	0	0	3	2	0	2	6	0	11	1
Cochise	211	158	116	0	0	6	7	9	2	14	3	1	51	2
Coconino	154	116	81	0	4	0	1	11	1	12	6	0	37	1
Gila	115	86	62	0	0	4	5	5	1	5	4	0	29	0
Graham	33	23	12	0	0	3	1	4	0	3	0	0	10	0
Greenlee	46	36	26	0	0	0	0	3	2	4	1	0	10	0
Maricopa	3972	3071	1913	1	77	280	120	216	41	359	62	2	876	25
Mohave	37	24	18	0	0	1	0	4	0	1	0	0	13	0
Navajo	90	71	43	0	0	0	7	10	1	7	3	0	19	0
Pima	1699	1355	860	0	40	155	49	58	6	146	40	1	334	10
Pinal	145	111	72	0	0	2	7	17	1	10	2	0	34	0
Santa Cruz	20	16	11	0	0	0	2	1	0	2	0	0	4	0
Yavapai	177	138	107	0	0	6	2	9	0	13	1	0	39	0
Yuma	118	94	50	0	1	6	9	8	1	16	3	0	24	0
Total	6878	5348	3407	1	123	463	213	356	56	594	131	4	1491	39

Source: Arizona State Board of Nursing

Table No. 21

LICENSED PRACTICAL NURSES
CURRENTLY LICENSED AND EMPLOYED IN ARIZONA
1964

Field of Employment by County	Grand Total	Total Actively Employed	Hospital or Institution	Nursing Home	Private Duty	Office Nurse	Other Field	Field not Reported	Status not Reported	Not Employed
Apache	12	10	8	0	0	1	1	0	0	2
Cochise	41	22	17	1	2	2	0	0	3	16
Coconino	16	7	5	0	2	0	0	0	1	8
Gila	23	19	17	0	0	2	0	0	0	4
Graham	11	9	6	0	1	2	0	0	0	2
Greenlee	1	0	0	0	0	0	0	0	0	1
Maricopa	1004	814	585	54	133	35	5	2	22	168
Mohave	9	7	5	0	2	0	0	0	0	2
Navajo	19	17	11	0	4	0	2	0	0	2
Pima	443	362	226	23	94	14	5	0	18	63
Pinal	42	34	31	2	1	0	0	0	2	6
Santa Cruz	3	2	1	0	0	1	0	0	0	1
Yavapai	43	32	22	4	6	0	0	0	0	11
Yuma	51	41	21	6	7	7	0	0	5	5
Total	1718	1376	955	90	252	64	13	2	51	291

Source: Arizona State Board of Nursing

Table No. 22

MEDICAL PERSONNEL by COUNTIES 1964

COUNTIES:	MEDICAL DOCTOR	OSTEOPATH*	PEDIATRICIAN	PSYCHIATRIST	OTHER SPECIALITIES	TOTAL
Apache	8		1		6	15
Cochise	21	1	1		8	31
Coconino	19		1		12	32
Gila	16	2			2	20
Graham	7	1			1	9
Greenlee	5	1			1	7
Maricopa	297	133	48	34	556	1068
Mohave	5				1	6
Navajo	8	1			1	10
Pima	71	69	29	12	267	448
Pinal	26	4			5	35
Santa Cruz	8	1			2	11
Yavapai	15	3	1		11	30
Yuma	21	1	2		9	33
Totals	527	217	83	46	882	1755

Source: Arizona State Medical Directory, February 1964

* Arizona Osteopathic Medical Association

Table No. 23

OTHER HEALTH PERSONNEL

COUNTIES	DENTISTS[1]	DENTAL HYGIENISTS[1]	PSYCHOLOGISTS[2]	PROFESSIONAL SOCIAL WORKERS[3]	LICENSED MIDWIVES[4]
Apache	2			2	
Cochise	14			3	1
Coconino	17	3	3	3	
Gila	6	2	1		
Graham	4				1
Greenlee					
Maricopa	370	58	95	127	2
Mohave	1				1
Navajo	10			3	
Pima	141	29	57	87	1
Pinal	9	1	2	3	5
Santa Cruz					1
Yavapai	16	1	1	7	
Yuma	13	2	2	2	1
State Totals	603	96	161	237	13

1 – Dental Register, November 1964.
2 – Arizona State Psychological Association, January 1965.
3 – Membership Roster 1963-64. National Association of Social Workers.
4 – State Department of Health, 1965

Table No. 24

MANPOWER STATISTICS

Graduates	Ariz. State University	Ariz. State College	University of Arizona	Phoenix College	St. Joseph Hospital	St. Mary's Hospital	Good Samaritan Hospital	Totals
Teachers (for Mental Retardation Classes)								
1964	30	1	7					38
1965	37	9	10					56
*1966	53	5	17					75
Psychologists								
1965	2							10
*1966	5		7					12
*1967	8		7					15
Professional Nurses								
1965	23	12	31	29	35	20	51	201
*1966	40	19	35	40		20	58	212
*1967	45		40	40		20	44	189
Social Workers (MSW)								
1965	16							16
*1966	25							25

*Projected

CERTIFICATION STATUS OF:

Teachers of the Educable Mentally Retarded:

Special Education Certified	212
Special Education Non-certified	6
Total	218**

Teachers of the Trainable Mentally Retarded:

Special Education Certified	47
Application Pending	1
Total	48**

**Figures do not agree with number of classes since some teachers have 2 classes.
Source: Division of Special Education, April 1965.

Projected demand for teachers from the elementary and secondary surveys:

Elementary Educable	440
Elementary Trainable	26
Secondary Educable	119
TOTAL NUMBERS NEEDED	585

Chart No. 1

ARIZONA LAND OWNERSHIP

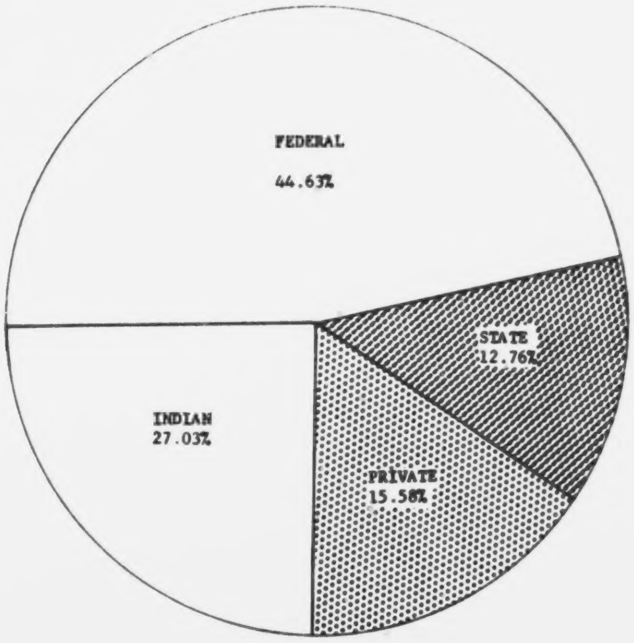


Chart No. 2

COUNTY ASSOCIATIONS FOR RETARDED CHILDREN

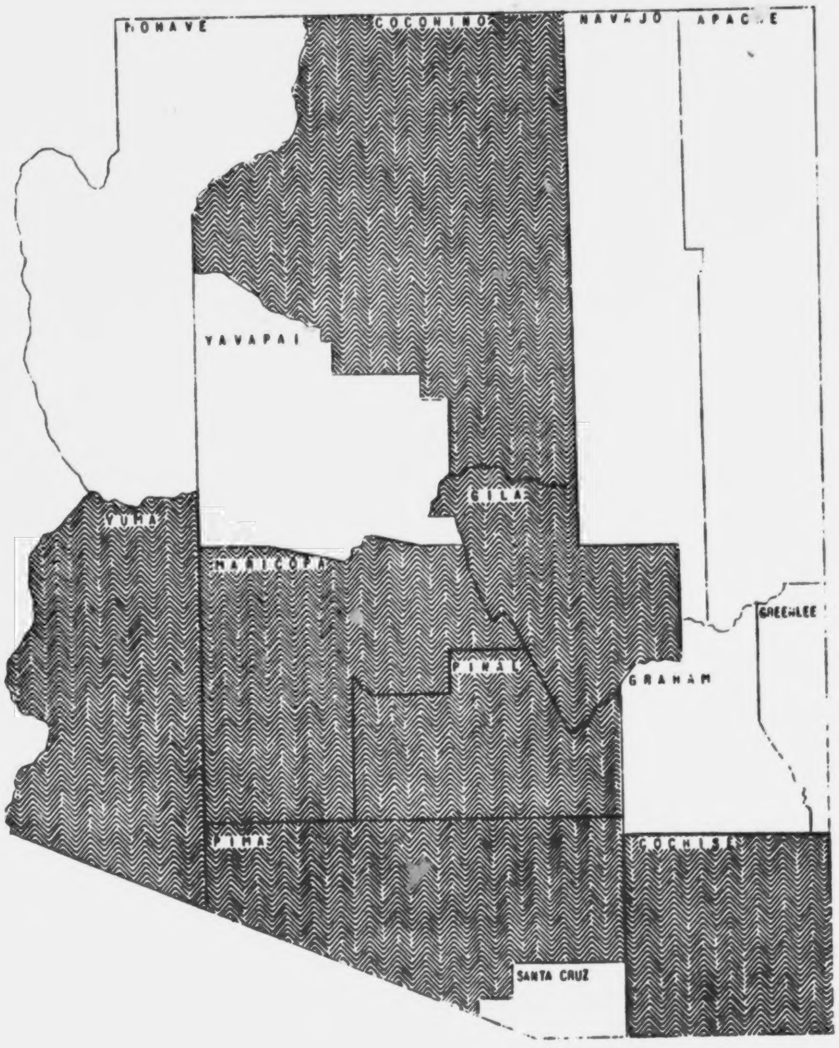
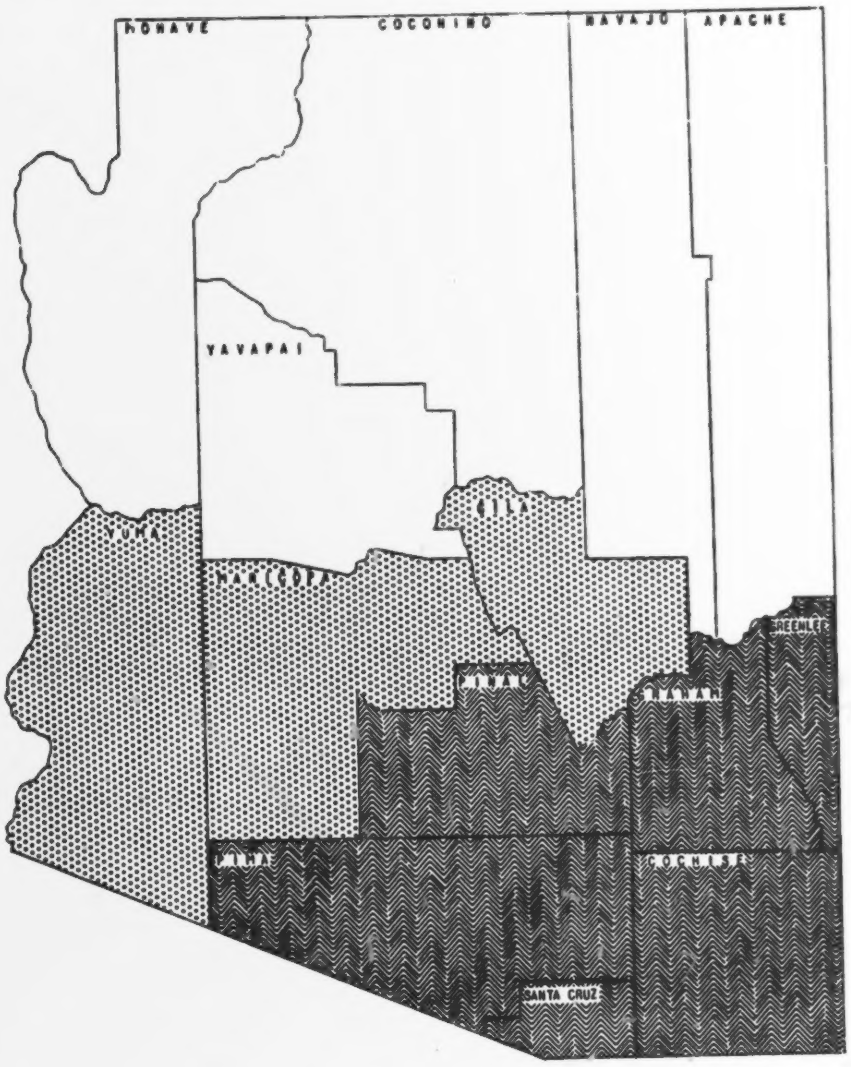

MOHAVE
COCONINO
NAVAJO
APACHE
YAVAPAI
YUMA
GILA
MARICOPA
PINAL
GREENLEE
GRAHAM
PIMA
COCHISE
SANTA CRUZ

Chart No. 3

PROPOSED REGIONAL CENTERS


MOHAVE
COCONINO
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GILA
YUMA
MARICOPA
GREENLEE
COCHISE
SANTA CRUZ

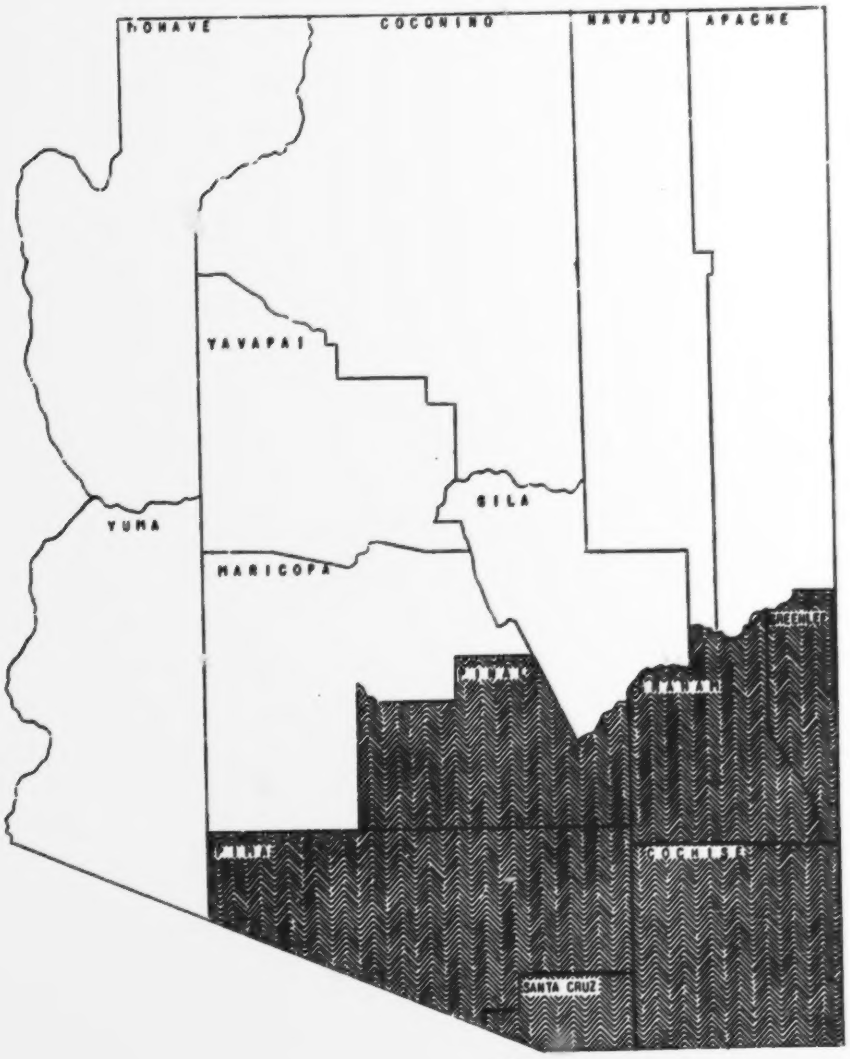
□ **Northern**

▒ **Central**

■ **Southern**

Chart No. 4

Child Evaluation Centers


MOHAVE
COCONINO
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YAVAPAI
GILA
YUMA
MARICOPA
GREENLEE
COCHISE
SANTA CRUZ

□ **Counties served by Maricopa County Child Evaluation Center**

■ **Counties served by Children's Evaluation Center of So. Arizona**

SURVEYS SOLICITING INFORMATION RELATED TO MENTAL RETARDATION

The process of collecting data, ideas, opinions, and priority judgements which are reflected in part in this Comprehensive Plan involved surveys, analysis of relevant research, interviews, committee activities, field trips, etc. The surveys included:

DATE	NUMBER OF REPLIES	SOURCE
May, 1964	2700	Elementary School Teachers
June, 1964	78	Mental Retardation Seminar - Ariz. State University
July, 1964	79	Workshop on the Exceptional Child - Ariz. State University
July, 1964	34	Mental Retardation Workshop - Ariz. State College
July, 1964	53	Governor's Advisory Council Banquet
January, 1965	143	Arizona Clergymen
	89% of principals	Secondary School Principals
Spring, 1965	85	Hospital Practices -- PKU Testing
Spring, 1965	23	AFL-CIO Support of Mental Retardation Programs
Spring, 1965	31	Colleges and Universities - Manpower Study
March, 1965	522	Arizona Physicians
May, 1965	57	Knowledgeable people to suggest priorities

Countless numbers of conversations involving many hundreds, even thousands, of people were held by the Advisory Council members, and the Mental Retardation staff. The agencies and associations who were contacted included the Arizona Association for Retarded Children and its 6 county units, Handicapped Child Development Center in Prescott, the Arizona Academy of Pediatricians, the Child Evaluation Centers in Phoenix and Tucson, the various departments of the 3 state institutions of higher education, Arizona Children's Colony Board and staff, the Children's Colony Parents Association, 2 committees and several members of the Governor's Advisory Committee on Mental Health, staff members of the Board of Institutions for Juveniles, Arizona Public Health Association, numerous program directors in the State Departments of Health, Education and Welfare, Crippled Childrens Services, Arizona State Hospital, Vocational Rehabilitation, a number of community agencies providing residential and day care services, Community Council leaders in the 2 major cities, the Board of Directors of the Arizona Jaycees and member units, local and regional officers of the Civitan Clubs, the 2 local Councils for Exceptional Children, PTA officials, and 4 specific meetings with the Bureau of Indian Affairs representatives and the 3 state colleges and universities.

METABOLIC DISEASES - PHENYLKETONURIA AND OTHERS

1. Definition: Individuals affected by this disease have a deficiency of the enzyme responsible for the conversion of the essential amino acid, phenylalanine to tyrosine.

2. Incidence: Although varying figures ranging from 1: 10,000 to 1: 20,000 are quoted, the former figure probably approximate the true incidence.

3. Genetics: The disease is transmitted as an autosomal recessive, that is the trait must be inherited from both parents before the disease is manifested.

4. Diagnosis: A presumptive diagnosis can be made by finding phenylpyruvic acid in the urine utilizing the test agent, ferric chloride. Diagnosis is confirmed when persistently high levels of phenylalanine are found in the blood.

5. Treatment: This consists of placing the affected infant on a diet low in phenylalanine for as yet an undetermined period of time.

6. Screening Programs:

   (a) Urine tests: Urine tests continue to have value as a check for cases not detected by neonatal screening tests utilizing blood.

   (b) Blood tests: Two types of such tests are currently used. The Guthrie test has the advantage of being relatively inexpensive and easy to perform. There is, however, a significant incidence of false positive tests. The fluorometric method is more expensive; however, when done by well-trained technicians in a properly equipped laboratory, this test has a high degree of reliability. It can be used as either the primary screening test, as a confirmatory test for a positive Guthrie or urine test, and serially as an index of the efficacy of dietary treatment of an affected patient. Before recommending any mass screening programs on newborn infants during their hospital stay, certain factors affecting the validity and desirability of these two blood tests must be considered.

   (c) Reliability and accuracy: Neither of the methods based on the determination of serum phenylalanine levels are valid unless the infant has been on milk feedings for at least 24 hours prior to the test. A clinical pathologist in a major Phoenix hospital whose laboratory is being equipped to perform the fluorometric assay on a routine basis suggested that a system be devised whereby the parents of an infant whose screening test was done under any condition less than ideal be given a card advising them that the test should be repeated at the infant's first check-up. This test would be repeated at minimal or no cost to the parents.

   (d) Present status of hospital screening programs: A recent survey of Arizona hospitals was carried out by the American Legion Auxiliary with a follow-up by the State Department of Health's Mental Retardation Planning Program office. Replies were received from 55 of 56 hospitals caring for newborn infants. Of these, a routine or voluntary screening program exists in 33. The Guthrie test is utilized in 4 hospitals, the fluorometric test in 2, and some form of urine test in 11. Sixteen hospitals reported that the test was "standard procedure" but the method was not specified.

(e) Economic aspects: The cost per test in the two Mesa hospitals, utilizing the fluorometric method, is currently $5.00. One private laboratory charges $2.00 for the wet diaper test and $10.00 for the Guthrie test. One clinical pathologist interviewed on this aspect thought that with sufficient volume the test could be performed for $3.00. He proposed that in the interests of economy the larger regional hospitals could set up a program with smaller community hospitals providing the tests at a significantly lower cost than could be obtained if each hospital attempted to do their own tests. Quality of tests would also probably be higher under such a system.

7. Summary:

(a) It is generally accepted that early dietary treatment can ameliorate the effects of phenylketonuria.

(b) Available evidence strongly supports the recommendation that all newborn infants be tested for the disease during the first few weeks of life. The committee on the fetus and newborn of the American Academy of Pediatrics stated that:

> "A blood test for elevated concentrations of phenylalanine performed no sooner than 24 hours after onset of milk feedings and prior to discharge is recommended for all newborn infants."

(c) Although hospital testing has the advantage of assuring the closest approach to universal screening, the applicability to Arizona hospitals is questionable. The average newborn hospital stay is 72 hours and many infants are discharged earlier than this. Some bottle fed babies and almost all breast fed babies will not have received a sufficient protein loading to render the test reliable.

(d) A survey of all doctors in Maricopa County is underway to obtain more exact information regarding testing practices and a state-wide survey should be made.

(e) The need for general and professional education is pointed up by the fact that at least 10 hospitals with screening programs are using a urine test which was little if any value during the immediate neonatal period.

(f) The fluorometric method of direct measurement of blood phenylalanine is the most reliable and satisfactory test now available. Specimens can be easily mailed by small hospitals in which an in-hospital screening program is being considered. They should establish a working relationship with regional hospital centers to obtain this test, or such services should be provided by the State Department of Health's laboratory.

(g) Metabolic diseases have important public health aspects and their detection is relatively expensive; therefore, thought should be given to the partial subsidization of such programs by public funds.

(h) A method of reporting cases of phenylketonuria and other metabolic diseases to the State Department of Health or other central registry should be developed.

(i) The incidence of phenylketonuria and other metabolic diseases is rare; "metabolic diseases account for about 5% of all retardation." (7) Therefore, the establishment of clinics in larger hospital centers where suspected diagnoses may be confirmed and treatment controlled by careful laboratory monitoring is recommended.

(j) Each child with phenylketonuria discovered early can possibly save the tax payers as much as $100,000 - the cost of life-time care in an institution - and help the child to be productive as a citizen who can pay taxes, too.

(k) Questionnaires designed to elicit the opinions of Arizona physicians regarding various mental retardation aspects of their medical practices were distributed in the Spring of 1965 among members of the Arizona Medical Association by the State Department of Health. The 521 responses represent a 38 per cent (38%) return. Eighty-eight per cent (88%) of the responses were favorable to phenylalanine testing.

PROPOSED REGIONAL SPECIAL EDUCATION DEMONSTRATION AND RESEARCH CENTER OF THE UNIVERSITY OF ARIZONA[1]

The College of Education of the University of Arizona has recommended to the President of the University that a Regional Special Education Demonstration and Research Center be established. The University has received grants from the U.S. Office of Education and offers programs of teaching preparation for the mentally retarded, deaf and hard of hearing, visually handicapped, physically handicapped, and emotionally disturbed children. The regional concept of such a center is justified in that the University is one of two institutions of higher education in the United States that has received U.S.O.E. grants in five areas of special education. The College of Education offers a doctoral program including the Doctor of Philosophy and Doctor of Education degrees which prepare candidates for careers in administration, college teaching and research.

This proposed Center would cooperate with state and private facilities such as the School for the Deaf and the Blind, Children's Colony, Arizona Children's Home, and Fort Grant Industrial School for Boys in research and demonstration projects. The Center would enlist the active cooperation of the University of Arizona's rehabilitation program, medical college, and community agencies to provide ancillary services when indicated. Other University programs such as the Reading Center, the Experimental Learning Center, and Speech and Hearing Clinic would be involved.

> "Recent studies show that special education is not only socially and educationally sound, but good economic practice to provide the developmental and corrective training required for the exceptional youth."[2]

The Regional Special Education Demonstration and Research Center would be another resource in the preparation of special education teachers and administrative personnel. Furthermore, this Center could provide leadership to strengthen training programs and research in special education.

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